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Seattle Pacific University

Case Study Analysis of Minority Stress Regarding the Academic and Social Emotional Health of a Transgender Student

By

LAURIE VALLIERES

A dissertation submitted in partial fulfillment

Of the requirements for the degree of

Doctor of Philosophy

Seattle Pacific University

June 21, 2018

Case Study Analysis of Minority Stress Regarding the Academic and Social Emotional Health of a Transgender Student

By LAURIE VALLIERES

A dissertation submitted in partial fulfillment

Of the requirements for the degree of

Doctor of Education

Seattle Pacific University

June, 2018

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School of Education

Date FEBRUARY 2019

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Date 03/06/2019

Dedication

I dedicate this dissertation to my wife Nicole Kardas, my parents Roger and Lisa Vallieres, and my brother Jason Vallieres. Nicki, I never could have taken on such a challenge without your constant support and encouragement. Thank you for putting up with my meltdowns and being my cheerleader along this journey. I love you. Mom and Dad, I would not be the person I am without your guidance, support and belief in me every step of the way. Thank you and I love you. Jason, thanks for being such a great big brother. No matter what, you are always there for me and have always supported me. Thank you and I love you. To the rest of my extended family (there are too many of you to name), you have all been such an integral part of shaping who I am and for that, I am eternally grateful. I love each and every one of you.

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Abstract

In a single case study, a transgender student in Scotland is given a voice to provide in-depth information about his school experience and journey navigating the school system, and sharing his raw feelings about harassment, bullying, depression, anxiety, suicide attempts, school policy, and a discriminating staff. Through the application of the minority stress model, the researcher uncovers how challenging it is for a transgender teenager growing up in a rural town within a small high school of approximately 125 students. Transgender students currently face hostile school climates while negotiating their own proximal stressors. Compared to their Lesbian, Gay and Bisexual (LGB) and cisgender peers, transgender students are consistently reporting higher levels of harassment and assault and are less likely to feel included in their school community, in addition to experiencing negative educational outcomes. These self-reports demonstrate how young people who do not conform to heteronormative societal norms are at risk of victimization during adolescence. Consequently, Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) teenagers are at an increased risk of negative psychological issues such as suicidality, anxiety, and depression.

Keywords: transgender youth, nonconforming gender, LGBTQ, minority stress, proximal stressors, distal stressors

Please note: some of the terminology included in this dissertation are considered offensive or oppressive to individuals; however, given the nature of the study, it is imperative they are included to give the reader a full understanding of the nature of the problem.

Chapter 1: Introduction

On February 12, 2008, eighth-grade student Lawrence (Larry) King was sitting in his classroom waiting for a lesson to begin on Anne Frank which, ironically, was meant to be about tolerance (Alpert, Schmidt, & Cunningham, 2013). As the final bell signaled for class to start, fellow student Brandon McInerney stood over Larry and shot him in the head, twice, and then McInerney, age 14, fled the scene, leaving the murder weapon behind (Alpert et al., 2013). The perception by Larry's classmates was that he was someone who was too "effeminate" and open about his sexual orientation (Toomey, Ryan, Diaz, Card, & Russell, 2010, p. 1580). It is true, Larry wore eye make-up and black boots with tall black heels to school (Alpert et al., 2013). He was out and proud, meaning Larry was openly transgender, which bothered classmate Brandon McInerney (Alpert et al., 2013). Larry's sexuality did not just vex Brandon; it upset many other students at E.O. Green Middle School in Los Angeles California. Students made fun of Larry, laughed at his expense, and made him the subject of sexual jokes all day long (Alpert et al., 2013). His seventh-grade teacher stated, "Larry shouldn't have expressed himself so blatantly, openly, transsexual. He progressed day to day in his outward appearance as a girl" (Take 1 Transcription, 2013, p. 61). Although King's murder is an extreme example of school victimization of a transgender youth, it is a pivotal case as it shows the association between gender nonconformity and school victimization (Toomey et al., 2010).

Problem Statement

Larry King is not a lone victim of harassment, bullying and victimization in reaction to his gender identity. Transgender and gender nonconforming students are

subjected to hostile school climates every single day. Transgender youth report verbal abuse, physical assault, harassment, and victimization at school at alarming rates. Compared to their lesbian female, gay male, bisexual male and female (LGB), and cisgender peers, transgender students are consistently reporting higher levels of harassment and assault and are less likely to feel included in their school community, in addition to experiencing negative educational outcomes (Greytak, Kosciw, & Diaz, 2009).

Over the last decade, LGBTQ students across the United States, as well as in the United Kingdom, have begun participating in school climate surveys that assist researchers in learning about the challenges students face, and the school-based resources that support their well-being. The results were clear. Transgender students were more likely to experience bullying harassment, physical assault, and anti-LGBT language. In addition, transgender and gender nonconforming (TGNC) individuals reported in both the United States and U.K higher rates of self-harm and attempted suicide than their LGB and cisgender peers (Bradlow, Bartram, Guasp, & Vasanti, 2017; Kosciw, Greytak, Giga, Villenas, & Danischewski, 2016).

In addition to the general stress of being a teenager, TGNC individuals have additional proximal and distal stressors that impact their social emotional health outcomes (Meyer, 2003; Testa, Habarth, Peta, Balsam, & Bockting, 2015). Experiences of rejection, discrimination and gender-related victimization based on gender identify are just a few environmental distal stressors a transgender student may be challenged with during a school day. Transgender and gender nonconforming individuals may also experience deep feelings of rejection from family and friends, internalized transphobia, or

have a feeling that they need to conceal their gender identity causing internal, or proximal stress (Meyer, 2003; Meyer & Frost, 2013; Testa et al., 2015).

Background

Young people who do not conform to heteronormative societal norms are at risk of victimization during adolescence (Toomey et al., 2010). Consequently, LGBTQ teenagers are at an increased risk of negative psychological issues such as suicidality, anxiety, and depression (D'Augelli, Grossman, & Starks, 2006; Pilkington & D'Augelli, 1995). In a convenience sample of 55 transgender youth aged 15–21, Grossman and D'Augelli (2007) reported that almost half of the participants had seriously contemplated suicide at some point in their lives. Half of those individuals attributed the attempted suicide to their transgender identity. In a similar study, Clements-Nolle, Marx, and Katz (2006) discovered that of their 515 participants, nearly 50% of them had attempted suicide. The authors also found that school victimization and gender-based victimization were independently related to suicidal tendencies. Testa et al. (2012) presented analogous results, in which nearly half (44.8%) of 290 participants reported victimization by peers, teachers, or school administrators as a result of their gender identity. In comparison, Eaton et al. (2010) found that only 19.8% of the general population of high school students reported such victimization. More remarkably, transgender students reported feeling unsafe at school because of their gender identity, 41.6% T vs 14.2% LGB, (Kosciw et al., 2016).

According to the 2015 U.S. National School Climate Survey, the grade point average (GPA) of LGBTQ students in 2015 was 2.9 compared to 3.3 for their cisgender peers (Kosciw et al., 2016). These LGBTQ students were three times more likely to miss

school and were "more likely to have experienced school discipline, 54.9% vs 32.1%" (Kosciw et al., 2016, p. xviii). In U.K schools, LGBTQ students are suffering not only academically but also emotionally (Bradlow, Bartram, Guasp, & Vasanti, 2017). Bradlow et al. (2017) found that transgender students in the United Kingdom are "twice as likely to experience physical bullying as lesbian, gay, and bi pupils who are not trans" (p. 13). Furthermore, 61% of transgender students experienced verbal abuse at school and were subjected to hearing terms like, *tranny* and *faggot*, which is 21% higher than their lesbian female, gay male, and bisexual male and female peers. Transgender students in the U.K. only reported that 11% of the school staff intervened when they witnessed transphobic bullying (Bradlow et al., 2017).

Bradlow and colleagues (2017) Stonewall Report analyzed the rate of self-harm and suicide attempts of the transgender student population in the United Kingdom. More than 80% of young transgender individuals have deliberately harmed themselves at some point. Compare that to the National Health Organization (NHS) estimates that only one in ten teenagers have self-harmed at some point in their life. The attempted suicide rate for transgender youth is 45% compared to 22% of the NHS estimates of the general population of teenagers within the U.K. (Bradlow et al., 2017).

In 2015, the Youth Risk Behavior Surveillance System of the Centers for Disease Control and Prevention conducted a survey of youth ages 15-24 in the United States (Kann et al., 2016). The results indicated that 29.4% of LGB attempted suicide compared to 6.4% of their heterosexual peers. Over 9% of the LGB individuals that attempted suicide required medical attention in comparison to 2.9% of heterosexual individuals (Kann et al., 2016). The Youth Risk Behavior Surveillance survey did not include a place

for students to indicate a transgender or gender nonconforming designation and these students were thus not included in the results as a separate group individuals (Virupaksha, Muralidhar, & Ramakrishna, 2016) reported that the suicide rate of transgender individuals across countries ranges between 32% and 50%.

Kosciw et al. (2016) found that LGBTQ students reported hearing homophobic remarks at school 67.4% more frequently, and perhaps more disturbingly, more than half (56.2%) of the students reported hearing homophobic remarks from school staff. Negative comments were reported by 40.5% of transgender students and more than half of those students reported being verbally harassed because of their gender expression (Kosciw et al., 2016). The findings of the 2015 National School Climate Survey revealed that students who experience victimization and discrimination are more likely to experience a negative impact on their psychological well-being and academic performance (Kosciw et al., 2016).

Purpose of the Study

The purpose of this study was to gain an understanding of how minority stress (Meyer, 2003; Meyer & Frost, 2013) impacts the academics and social emotional health of Scottish transgender youth through a single descriptive case study. The rationale for using a single case study to test a significant theory is that it is an appropriate design (Yin, 2018). The student selected for this specific case study offers the perspective of a female-to-male transgender student, navigating the secondary school system in the United Kingdom. Secondly, this single case study provides longitudinal information, following the subject's developmental course as he transitions from female to male in a school setting (Yin, 2018). This case study gives voice to the marginalized and

vulnerable, allowing for the subject to provide in-depth information about his school experience and journey navigating the school system while coming out as a transgender teenager (Denzin & Lincoln, 2018). Finally, this study serves as a call to action for school districts, individual school systems, and administrators to improve the school environment, provide LGBTQ training for all staff, specifically training regarding transgender students.

Research Questions

The researcher in this study examined the school system in a small rural town in Scotland, within the United Kingdom and the impact the school environment had both on the academics and social emotional health of specific transgender student. Based on the literature review, two questions emerged as the basis for this study:

1. To what extent does a school system impact the minority stress of a transgender student?
2. How does minority stress impact the academics and social emotional health of a transgender student?

Significance of the Study

According to the recent school climate surveys, researchers have found that LGBTQ students are experiencing bullying, biased language, harassment, physical assault, thoughts of self-harm, and changes in academic standing as a result of the school climate (Bradlow et al., 2017; Kosciw et al., 2016).

Understanding a student's perspective serves as an appropriate starting point for determining the complexities and nuances in improving supportive and responsive school environments that ensure all students find academic and social emotional care. The intent

of this study is to contribute to the overall knowledge base about the school experience of transgender youth. Specifically, this research focused on how minority stress may have negatively contributed to the participant's academic experience and overall grades. In addition, the researcher analyzed the role of minority stress on the subject's social emotional health (Meyer, 2003; Meyer & Frost, 2013).

Definition of Terms

The terms below are featured throughout the study and are defined as follows.

Transgender. An umbrella term used to describe a person whose "gender expression does not conform to societal norms and/or whose gender identity is different from their assigned sex at birth" (Erickson-Schroth, 2014, p. 620).

Cisgender. A person whose gender identity matches their assigned biological sex (Erickson-Schroth, 2014).

Minority stress. Refers to a conceptual model that describes stressors rooted in the social position of sexual minorities (LGBTQ) as causes of health-related conditions. The model suggests that because of prejudice, stigma, and discrimination, LGBTQ individuals experience more stress than heterosexuals, which can lead to mental and physical disorders (Meyer, 2003, Meyer & Frost, 2013).

Gender nonconforming. A term that describes those who do not fit into traditional gender expectations (Erickson-Schroth, 2014).

LGBTQ. This acronym refers to lesbian female, gay male, bisexual male or female, and transgender male-to-female or female-to-male, as well as queer, which is a self-affirming term for sexual and gender minorities (Erickson-Schroth, 2014). Common variations of LGBTQ include LGB, and LGBT, and will be used throughout this study.

Gender dysphoria. A mental health diagnosis that is defined as an incongruence between one's experienced/expressed gender and their assigned sex (American Psychiatric Association, 2013).

Social emotional health. Internal cognitive dispositions associated with self-confidence, trust in others, emotional competence, and engagement in daily living (You, Furlong, Felix, & O'Malley, 2015).

Proximal stressors. Subjective stressors such as anticipated rejection, stigma or internalized transphobia (Meyer, 2003; Reisner, Greytak, Parsons, & Ybarra, 2015).

Distal stressors. Objective stressors that are independent of personal identification. These typically come from the world at large. For example, bullying, harassment, discrimination, violence, and victimization (Meyer 2003; Reisner et al., 2015).

Chapter 2: Literature Review

There are an estimated 150,000 transgender students aged 13–17 in the United States of America (GLSEN, 2017). An estimate of transgender youth for the United Kingdom was not available at the time of this publication. As research of this underserved population of students increases (Bradlow et al., 2017; Kosciw et al., 2016), scholars are learning that transgender students are struggling in the school environment due to schools failing to protect them from discrimination and provide a gender inclusive environment (e.g. denying them the right to access the restroom that matches the gender they identify with or using incorrect pronouns) (GLSEN, 2017). More importantly, adolescents that identify with a nonconforming gender role are more likely to report suicide attempts (Friedman, Koeske, Silvestre, Korr, & Sites, 2006). While the factors that contribute to suicide attempts are not well understood by researchers, being bullied by peers may be a relevant contributing factor (Friedman et al., 2006). The needs of transgender youth are different from their lesbian, gay and bisexual peers. Their non-conforming gender expression and identity exposes them to transphobia, discrimination, assault, lack of parental support, and harassment at higher rates than their LGB peers (Sausa, 2005).

This literature review examines the current knowledge about LGBTQ youth; specifically, transgender youth and their struggles with academic achievement, as well as their experiences in the school system as it impacts their social emotional health. A dearth research of transgender school-age students from the K-12 school environment, allowed the researcher to go outside the scope of the study to expand the literature review to include transgender individuals beyond the K-12 setting.

The researcher explored minority stress as a conceptual model suggesting that sexual minorities experience more stress due to prejudice, stigma, and discrimination resulting in diminished mental health (Meyer 2003; Meyer & Frost, 2013). This review also covers school safety, which encompasses biased language, harassment, assault, and discrimination. Additionally, the researcher will discuss social emotional health as it pertains to self-harm, anxiety, depression, and suicide attempts. Lastly, the review will investigate school-based supports, which are inclusive of policies, curriculum, clubs, and supportive staff.

Conceptual Model: Minority Stress

Minority stress is a conceptual framework that explicates that prejudice, stigma and discrimination create a stressful and hostile social environment that causes mental health concerns (Meyer, 2003). It is also important to note that Meyer (1995, 2003; Meyer & Frost, 2013) did not include transgender individuals in his original theory; however, other researchers in the field have introduced transgender and gender nonconforming individuals into the model (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Breslow et al., 2015; Herman, 2013; Kelleher, 2009). A main component of minority stress comes from the social environment, which has been inferred from other psychological and sociological theories (Meyer, 2003). For example, Durkheim (1951) found that the importance of the social environment was central as a cause of suicide. According to Durkheim (1951) and Meyer (2003), a sense of normlessness, alienation, and lack of social control can lead to suicide because social desires are not met. Symbolic interaction theorists Stryker and Statham (1985) described the social environment as providing humans interaction to their lived experiences,

providing meaning to their lives. Individuals develop a sense of self and well-being through interaction with others (Pettigrew, 1967). Likewise, social evaluation theory states that people learn about themselves by comparing themselves with others, which result in prejudice or stereotypes having an adverse effect on an individual's psychological health (Meyer, 2003).

Meyer's (1995, 2003) concept of minority stress was built on the underlying assumptions that minority stress is: (a) unique to stigmatized people who experience general stressors and are required to adapt their efforts above those who are not stigmatized to minimize the stressors; (b) chronically related to underlying cultural and social structures; and (c) socially based on processes, institutions, and structures beyond the individual as opposed to events or conditions that indicate general stressors or nonsocial depictions of the person(s) or groups. Concealment of one's sexual orientation is a "proximal stressor because its stress effect is thought to come about through internal psychological processes" (Meyer, 2003, p. 256).

Meyer (2003) suggested a distal-proximal distinction when articulating a minority stress model as it affects the LGBTQ community. Folkman (1984) described social distal structures as effects on an individual depending on the immediate context of thought, feeling, and action of social experiences in a person's life. Meyer and Frost (2013) further described the connection between distal and proximal processes as "processes along a continuum from distal stressors, which are typically defined as objective events and conditions, to proximal personal processes, which are by definition subjective because they rely on individual perceptions and appraisals" (p. 256). For example, if others perceive a transgender youth as a transgender individual, he or she may suffer from

stressors associated with prejudice toward LGBTQ people (e.g. biased language, assault). Additionally, LGBTQ people may hide their minority identities out of fear of harm, the expectations of rejection, or internalized stigma (Meyer & Frost, 2013).

LGBTQ populations have learned coping mechanism for asserting themselves and overcoming the adverse effects of stress (Meyer, 2003). Through the coming out process, LGBTQ people develop coping skills and resilience that have positive associations in predicting success with adverse mental health outcomes (Morris, Waldo, & Rothblum, 2001). Testa et al., (2015) defined reliance factors as social and emotional support of others with shared identity and experiences, identity pride, and community membership" (p. 65). Hershberger and D'Augelli (1995) also determined in their study of LGB youth that self-acceptance and family support had a positive impact on mental health outcomes. For LGBTQ youth, belonging to a community that reflects similarities, perceptions, and feelings can leave an imprint on one's life. Meyer and Frost (2013) stated, "members of a stigmatized group who have a strong sense of community cohesiveness evaluate themselves in comparison with others who are like them rather than with members of the dominant culture" (p. 257).

The characteristics of the minority identity are key to the model as they may exacerbate stress. For example, *valence* is one indicator of how an individual may cope with stressors. Valence refers to self-validation; negative valence is described as a good forecaster of mental health complications. Throughout the coming out process, identity valence is an essential aspect of self-acceptance and diminishment in internalized homophobia (Meyer, 2003). Lastly, the integration of the individual's minority identity improves their health outcome. For example, when the minority identity is seen as a

source of strength or is affiliated with opportunities for social support, it can diminish the impacts of stress (Meyer, 2003).

The minority stress model in Figure 1 is from Meyer's (2003) model which does not include transgender individuals. Box (a) presents factors related to the environment, which may also include the disadvantages and advantages of one's socioeconomic status. Box (b), illustrated as overlapping (a), indicates the important relationship between a person's environment and their minority status. General stressors presented in (c) include the death of a parent, failing grades, assault. The minority stressors listed in box (d) such as discrimination at school are circumstances of the environment, and thus are depicted as overlapping with box (c). For example, an experience of anti-transgender assault (d) is likely to increase a transgender student's experience of rejection (f). Minority status often leads to identification with one's minority standing (e). In turn, such a minority identity leads to further stressors of the self as a stigmatized minority. Minority stress processes are more proximal to the individual because they involve self-perception. As a result, the minority individual experiences internalized homophobia, expectations of rejection, and concealment (f). An individual identified as LGBT can be described as a source of strength (h) when it is affiliated with social support like a gay-straight alliance (GSA).

Meyer's (2015) minority stress model in Figure 2 refers to the structures, systems, and supports that can be put in to place to support the minority individual. Box (b), illustrated as overlapping (a), indicates the important relationship between a person's environment and their minority status. Directly impacting minority status (b) is legislation that has been or that will be enacted. For example, Obergefell v. Hodges (2015) had a direct impact on the LGBT community, ruling that same-sex couples had a

fundamental right to marry under the Equal Protection Clause of the Fourteenth Amendment to the U.S. Constitution. Another example would be bathroom legislation being debated (Grimm v. Glouster County School Board), which may have a negative impact on the community. General stressors (c) and (d), such as discrimination at school, are circumstances of the environment and therefore would be directly impacted by school policies or prosecution for assault. A student's experience of rejection, concealment, or internalization (f) could be changed by counseling. A safe community center might transform an LGBT person's ability to cope (h). Lastly, having access to mental health services could have a lasting positive or negative effect on the LGBT minority (Meyer & Frost, 2013).

Meyer (2015) acknowledged the work of fellow researchers on gender minorities to include transgender and gender nonconforming (TGNC) individuals into the model as they suggest similar unique minority stressors; however the graphic was not updated (Hendricks & Testa, 2012; Testa et al., 2015).

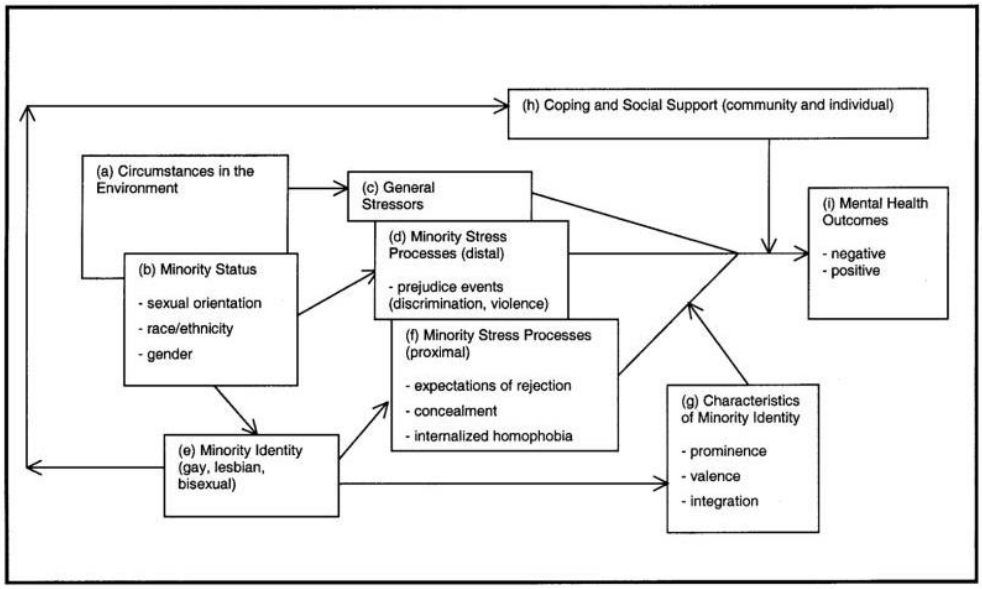


Figure 1. Minority stress model (Meyer, 2003).

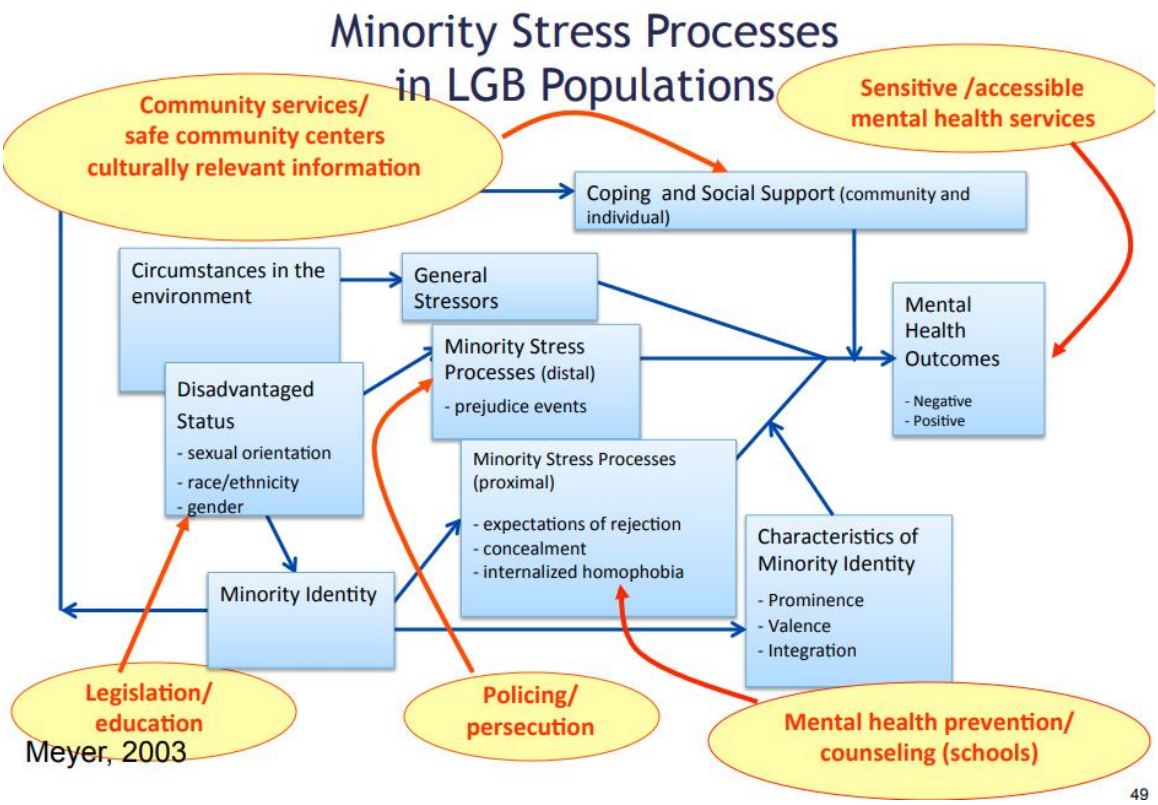


Figure 2. Minority stress processes (Meyer, 2003).

Gender Minority Stress (GMS)

Reisner et al. (2015) argued that LGB youth and transgender youth should not necessarily be placed within the same research category because they have "conceptually distinct dimensions of identity that may potentially influence health outcomes in divergent ways" (p. 245). Specifically, transgender individuals may need assistance with social and medical supports, or legal transitions concerning name or gender changes. In a school setting, transgender students may experience difficulty with others addressing them with the correct pronoun or name. In addition, they may also have difficulty accessing a safe restroom or locker room (Reisner et al., 2015).

Reisner et al., (2015) used the Teen Health and Technology Study to survey 5,907 American youth ages 13-18. Out of the total sample, 442 participants identified as

transgender or gender nonconforming. The results of the study were significant. The researchers found that transgender or gender nonconforming teenagers (86%) were more likely than their cis-gender peers (57%) to experience bullying via text, phone call, online in person or some other way. Transgender and gender nonconforming teenagers were also more likely to abuse substances (marijuana, alcohol, cigarettes, or other illicit drugs) than their cisgender peers.

Reisner et al., (2015) explained that a "social stress model" is only one way to interpret the findings (p. 251). The researchers suggested that gender-role socialization may partially explain the elevated prevalence of substance abuse by transgender and gender nonconforming (TGNC) youth. Consequently, transgender and gender nonconforming youth may be using substances to negotiate their gender identity. One limitation of this study was that bullying was the only stressor examined. Increased exposure to multiple stressors including victimization and physical assault may also lead gender minority youth to substance abuse (Reisner et al., 2015).

Table 1 from the Reisner et al. (2015) study illustrates the substance abuse by group and type of substance. It is clear from the data provided in the table that TGNC individuals abused substance such as alcohol, cigarettes, marijuana, and illicit drugs at higher rates than their cisgender peers.

Table 1

Substance Abuse

Substance	Cisgender Boys (n = 2,260) % (n)	Cisgender Girls (n = 2,840) % (n)	Transgender or Gender Nonconforming (n = 442) % (n)
Alcohol			
Ever	38.1 %	36 %	49.2 %
Regular use	17.8 %	15.5 %	21.6 %
Cigarettes			
Ever	20.7%	20.0 %	28.6 %
Regular use	13.0 %	12.3 %	17.4 %
Marijuana			
Ever	17.6 %	18.8 %	27.7 %
Regular use	9.0 %	9.8 %	14.8 %
Illicit drugs			
Ever	11.9 %	11.8 %	20.5 %
Regular use	5.8 %	5.6 %	10.3 %

In response to the unique stressors related to vulnerability and resilience in the mental health of the TGNC population, Hendricks and Testa (2012) developed a framework adapted from Meyer's (2003) minority stress model. In addition to general life stressors, the authors observed that transgender individuals "are subjected to alarming rates of discrimination, violence, and rejection related to their gender identity or

expression" (Hendricks & Testa, 2012, p. 462), which was consistent with Meyer's (2003) minority stress work with the LGB community.

In his early model, Meyer (1995) proposed three distinct processes by which LGB individuals were subjected to minority stress. Discrimination and threats to a person's safety are examples of distal stresses that occur within an individual's environment as a result of their minority status. Anticipation and expectation that an external stressful event will occur is the second set of processes in which LGB individuals are subjected to minority stress. In order to avoid rejection or protect themselves from psychological or physical harm causing additional distress, some LGB individuals may hide their sexual minority status. The final process, and most proximal of the three relates to negative attitudes and prejudices from society that become internalized. Potentially damaging, this internalized sense of stigma can have a direct effect on an individual's ability to cope with external stressors. Although the assessment of internalized transphobia lacks sufficient research, the fact remains that there is a basic understanding of how it is equally significant to internalized homophobia in the Meyer's 2003 model (Hendricks & Testa, 2012).

Unlike the Meyer's model (2003), which identified factors that can mitigate stressors, such as community support, counseling or mental health services, the Gender Minority Stress Model (GMS) model included a category of resiliency directly impacting mental and physical health outcomes. Specifically, access to resilience factors can provide a transgender or gender nonconforming individual the "social support and emotional support of others with shared identity, experiences, identity pride and community membership" (Testa, Habarth, Peta, Balsam, & Bockting, 2015, p. 65).

Meyer (2015) did, however, specifically acknowledge resilience and the importance of it while facing stress.

The GMS model also expands Meyer's framework to include four specific distal stressors directly related to transgender and gender nonconforming individuals. Distal stressors are caused by an external source (Meyer, 1995, 2003). Jäggi et al. (2018) explained that gender-related discrimination can occur when attempting to receive appropriate health care due to "treatment barriers and the discrimination on the part of the practitioner" (p. 2). Another distal stressor can occur when a transgender individual experiences rejection. For example, being rejected by a peer group or family member can cause stress that consequently impacts an individual's social emotional health. The third distal stressor is gender-related victimization. Gender-related victimization can be experienced through transphobic language or physical harassment as a result of one's gender identity. The last distal stressor is non-affirmation of gender identity. For example, this can occur when an individual has "difficulty being perceived as one's gender identity" (Jäggi et al., 2018, p. 2).

The GMS model also expands Meyer's (1995, 2003; Meyer & Frost, 2013) model to include additional proximal stressors, which are those that occur internally, in order to address specific subjective thoughts transgender or gender nonconforming individuals have. For example, internalized transphobia can occur when a transgender individual is embarrassed by their gender identity. Negative expectations can materialize when an individual expects not to be accepted if they reveal their gender identity (Jäggi et al., 2018). Last, concealment can transpire if the individual is purposeful in changing the way they walk, sit, stand, or make gestures to in order to avoid revealing their identity

(Jäggi et al., 2018). Figure 3 illustrates the GMS model as depicted by (Testa et al., 2015). Dashed arrows indicate negative impacts whereas solid arrows designate a positive impact.

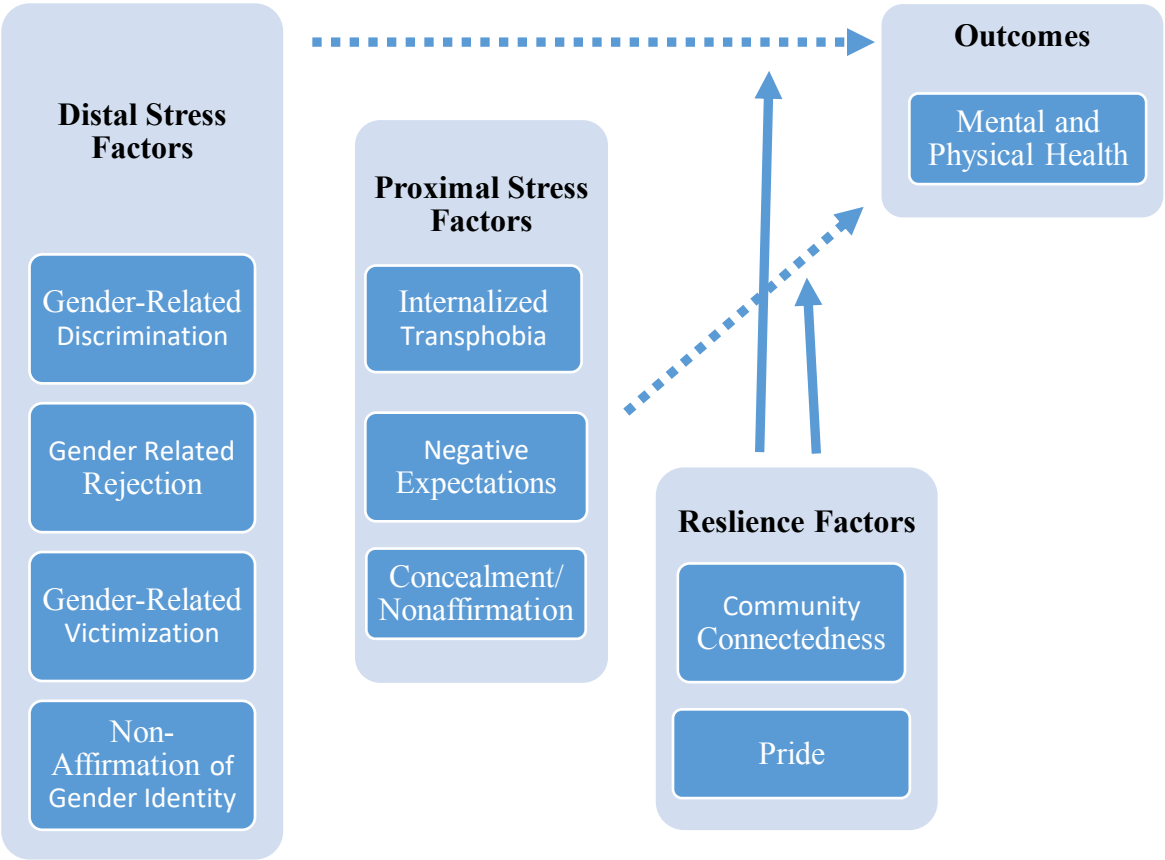


Figure 3. Gender minority stress model (Testa et al., 2015).

The School Environment

Academics

Over the last decade, more attention has been paid to LGBTQ individuals, their school experiences, and their struggle due to limited educational opportunities (Palmer, Greytak, & Kosciw, 2016). There is little empirical research addressing the disparities between LGBTQ youth and cis-gender students regarding high school graduation. However, some researchers have suggested that LGBTQ youth are more likely to drop

out of school due to a hostile school climate and the daily discrimination and stigma they face (Palmer et al., 2016). Kosciw et al., (2016) cited the most common reason (86%) LGBTQ individuals left high school and did not plan to graduate was feelings of anxiety, depression or stress. The second most common reason reported (67.5%) was academic concerns, including poor grades, a high number of absences, and credit deficiency. Students noted that unsupportive school policies, peers, educators, harassment, discrimination, and bullying were factors in their decision about completing high school. Students that were victimized related to their gender expression were three times more likely to be absent from school than their LGB peers. Additionally, the reported average GPA for victimized students was significantly lower, 2.9 vs. 3.3.

School Safety

School safety encompasses the student's entire school day and extracurricular activities, in which many LGBTQ youths do not participate (GLSEN, 2013). According to GLSEN (2013), 73% of LGBT secondary students were enrolled in a physical education (P.E) class in 2011. Unfortunately, 50.9 % of those students were bullied or harassed in P.E due to their gender expression (GLSEN, 2013). In addition, only 23.2% of LGBT students participated in interscholastic sports in 2013 (GLSEN, 2013). According to the 2015 GLSEN School Climate Survey, the most common reason LGBTQ students cited for not planning to graduate or being uncertain if they would graduate high school was a hostile or unsupportive school climate (Kosciw et al., 2016). An eighth-grade student from Delaware stated, "I'm not sure if I can deal with the hate for four full years. I've been dealing with the hitting and kicking for too long" (Palmer, Greytak, & Kosciw, 2016, p. 19). An eleventh-grade student from Wisconsin remarked,

“I have been so viciously tortured in public school that I now have severe anxiety and can no longer cope with the panic attacks and thoughts that plague me” (Palmer, Greytak, & Kosciw, 2016, p. 17). These thoughts from students clearly illustrate how their experiences in a hostile school climate were directly related to their academic achievement and mental health.

In 2015, the Gay, Lesbian and Straight Education Network (GLSEN) launched its mixed methods National School Climate Survey to learn about the experiences of the lesbian females, gay males, bisexual males and females, transgender individuals and queer students in schools in the United States (Kosciw et al., 2016). The final sample consisted of 10,528 LGBTQ youth, a significant increase from the previous GLSEN survey in 2011 (8,584). The GLSEN attributed this to advertisement on Facebook, Twitter, Instagram, and Tumblr, as well as notifying specific groups and organizations that work with LGBTQ youth (Kosciw, Bartkiewicz, Greytak, Boesen, & Palmer, 2012, p. xv). The 2011 survey was distributed to students using the social network of Facebook and specific groups and organizations that work with LGBTQ youth (Kosciw et al., 2012). The data represented LGBTQ students ages 13–21 from all 50 states and the District of Columbia with total of 3,095 distinct school districts in this study affirming the need for action for a safe learning environment for LGBTQ students (Kosciw et al., 2016).

Similar to he GLSEN School Climate Survey (Kosciw et al., 2016), Stonewall commissioned the Centre for Family Research at the University of Cambridge to conduct a survey of LGBTQ students in the United Kingdom (Bradlow et al., 2017). In 2017, the Stonewall Report published its mixed methods online survey included 3,713 total

subjects ages 11 to 19. This was Stonewall's first attempt to include and reflect the experiences of transgender students since its first publication in 2007. Bradlow et al. (2017) described it as "the most comprehensive survey into the current experiences of LGBT pupils in Britain today" (p. 5). In defining Britain, it is important to note that 82% of the sample came from England, 11% from Scotland, and 7% from Wales (Bradlow et al., 2017).

Both the GLSEN (Kosciw et al., 2016) and Stonewall (Bradlow et al., 2017) reports exposed weaknesses in school systems pertaining to transgender individuals and LGBTQ students in general, and offered recommendations for improvements, which will be discussed below.

Biased Language

The GLSEN School Climate Report measured homophobic and transphobic remarks in schools (Kosciw et al., 2016). The GLSEN researchers conducted a multivariate analysis of variance (MANOVA) to test differences the types of anti-LGBT language with frequency of hearing anti-LGBT remarks like: *that's so gay*, *you're so gay*, *faggot* or *dyke* (p. 16). The multivariate test was significant: Pillai's Trace = .68, $F(9, 10363) = 2483.06$, $p < .001$ (Kosciw et al., 2016, p.129). In the context of the study, it was distressing to students to hear anti-LGBTQ language at school frequently or often. In the U.S, 93.7% of students reported hearing the word *gay* from their peers used in a negative way that caused them discomfort. Sixty-seven percent frequently or often heard comments like *that's so gay* or *you're so gay* (p.16). Over 58% of students surveyed reported hearing words like *faggot* or *dyke* on a frequently or often basis in their schools (Kosciw et al., 2016, p. 16). More disturbingly, 58.2% of the students heard homophobic

remarks from their teachers or other school staff. The researchers used a paired samples *t*-test to determine the mean differences in the frequency between homophobic remarks and gender expression remarks made by staff. The difference was significant: $t(10488) = -33.50$, $p < .001$ (Kosciw et al., 2016, p. 129).

Bradlow et al. (2017), found similar results in the United Kingdom. Sixty-six percent of students reported that they frequently heard phrases like, "that's so gay" or "you're so gay" from their peers. The Stonewall report went one step further than the GLSEN report and asked LGBTQ students where homophobic, bi-phobic, and transphobic language occurred throughout the school day. Thirty-nine percent of students stated that they experience discriminatory language during lessons. One student from Wales shared, "a few times people said 'dyke' or 'tranny' under their breath, when I walked in and sat down" (Bradlow et al., 2017, p. 14). LGBTQ students clearly reported that their peers and staff frequently did not intervene on their on their behalf (Kosciw et al., 2016).

The researchers compared frequencies between staff and peer intervention of homophobic remarks using two paired t-tests. The differences were significant for both peer and staff intervention: peers: $t(10020) = 6.16$, $p < .001$; school staff: $t(6849) = 29.38$, $p <. 001$ (Kosciw et al., 2016, p. 129).

Morrison, Jewell, McCutcheon, and Cochrane (2014) achieved similar results when it came to offensive homophobic language in a small scale Canadian study featuring 60 high school students, half of whom were members of the LGBTQ community. The authors adapted survey questions from the 2007 GLSEN National Climate Survey. The top two responses with 85.7% among LGBTQ students were

"frequently" and "often." The researchers concluded that 92% of the homophobic language was present in the school hallways with staff present "most" or "some of the time" reportedly intervening only 46.4% of the time.

Harassment, Assault, and Discrimination

According to Kosciw et al. (2016), 53% of transgender students in the United States reported being physically harassed for their gender expression. Forty-four percent of those students were physically assaulted at some point in the 2015 school year. Two thirds of transgender students reported deliberate property theft at school, while 75% stated that they had been sexually harassed by being touched inappropriately, or subjected to unwanted remarks. Unfortunately, only 51% of victimized students reported the events to a parent, staff member, or peer.

According to both the 2015 GLSEN School Climate Survey (Kosciw et al., 2016) and Stonewall Report (Bradlow et al., 2017) transgender students in particular are subject to abnormal amounts of discrimination, bullying, harassment, and assault.

Bradlow et al. (2017) revealed some distinctly different percentages in the United Kingdom than in the United States, most likely because of the specificity of questions asked.

1. Four percent of transgender students had received death threats at school.
2. Six percent of transgender students had been sexually assaulted.
3. Four percent of transgender students had been threatened with weapons at school.

One cause of stress for transgender school-age individuals is the use of the public restroom or locker room. Seventy percent of transgender students reported avoiding using

the restroom at school, which could lead to a loss of focus in the classroom or severe health problems (GLSEN, 2017). When a transgender student is forced to use the restroom that does not match their gender identity, humiliation, stress and health problems can ensue (Herman, 2013). Within Meyer's (2003) minority stress model, the issue of entering a restroom of the gender for which one does not identify or being forced to use an alternative space, can be a cause of proximal minority stress. Proximal minority stress is related to an individual's identity and self-perception (Herman, 2013).

Herman (2013) conducted a study of transgender and gender non-conforming individuals in the Washington D.C. area in the fall of 2008. Although this study did not include K-12 school-age transgender individuals, it did involve individuals in higher education. According to Herman (2013), transgender and gender and non-conforming individuals have received little attention in scholarly research in the fields of Public Policy and Public Administration. Table 2 reveals the results.

Table 2

Herman 2013 Study

AGE	*N*=93	PERCENT OF SAMPLE	PERCENT OF POPULATION
18-24	34	37%	14%
25-34	30	32%	24%
35-44	15	16%	18%
45-54	8	9%	16%
55-64	5	5%	14%
65 AND OLDER	1	1%	14%

Herman (2013) found that of 93 survey respondents, 18% had been denied access to public restrooms and 68% had been verbally harassed in gender-segregated public restrooms. Nine percent of the respondents reported experiencing one or more instance of physical assault in a gender-segregated public bathroom. Thirty-one of the survey respondents attended some type of school, and 10% of the 31 reported that they had been denied access to or had been verbally harassed in the restrooms at school. One participant reported excessive school absences due to the restroom issues at school while another student reported that she eventually had to drop out due to failing grades because of problems in the restroom (Herman, 2013). Sixty percent of transgender students surveyed in the 2015 National School Climate Survey were forced to use a bathroom that did not match their gender identity (GLSEN, 2017).

Sausa (2005) conducted a qualitative case study in which the author interviewed 24 transgender youth about their school experiences in Philadelphia. Of the 24 participants, 96% of them reported being verbally harassed in school. The students were followed, pushed, shoved, beaten, objects were thrown at them. Seventy-five percent of the youths expressed that they did not feel safe. Students felt they were not able to access their education due to the consistent acts of violence based on their gender expression. Similar to transgender students in the Washington D.C study, the participants were afraid to access the restroom and locker rooms based on their gender identity. Aiden, a feminine male, decided not to take physical education classes due to fear and discomfort.

> I failed gym because of that. Every year, every semester, I failed gym. I didn't take gym because of the locker room, because I would not go in the locker room. I

> didn't do any sports in high school because I would not go in that locker room (p. 21).

Sausa (2005) concluded that discrimination and abuse also came from teachers and staff, not just student peers. Jaden was blamed by his computer teacher for being harassed at school.

> Well, you brung [sic] it on yourself, wearing that damn glitter on your face. You shouldn't do that. You know people here at this certain school don't understand these certain things (p. 22).

Students also reported that their teachers were afraid to get involved in stopping other students from being discriminatory or physical, and that their teachers were not properly trained (Sausa, 2005).

Another source of discrimination transgender individuals' face relates to the proper usage of pronouns. The use of an improper pronoun can lead to embarrassment or awkwardness for both a student and staff member (Parks, O'Connor, & Parrish, 2016). Half (50%) of the transgender individuals surveyed in the 2015 National School Climate Survey were unable to use the pronoun matching their gender identity. Twenty-eight percent of were prevented from wearing the clothing reflecting their gender at school (GLSEN, 2017).

Social Emotional Health

Transgender youth are a vulnerable, at-risk population within the school system (Bradlow et al., 2017; Kosciw et al., 2016). Although very few studies currently exist highlighting transgender students specifically, they are at greater risk than their LGB peers to experience mental health concerns (Bradlow et al., 2017; Kosciw et al., 2016).

The classroom environment is often a crowded space with many people, creating challenges for a student that is already experiencing emotional stress in their lives. When a student feels a lack of connectedness or school belonging, no support from teachers or a negative school climate, they are more likely to exhibit emotional distress and less likely to succeed academically (Dods, 2015).

Grossman and D'Augelli (2007) conducted a qualitative study in the New York metropolitan area in the summer of 2000 to explore the challenges transgender youth face growing up in the city. The researchers recruited 24 participants and conducted three focus groups of eight, each lasting about 2 hours in length. Three themes emerged from this study. The theme of *Gender Identity and Gender Presentation* refers to the struggle transgender youth experience in relation to their biological assigned sex and what they feel is their true gender identity. A female to male youth stated, "Since I was young, and I would see people getting married. I always pictured myself in the groom's place instead of the bride's" (Grossman & D'Augelli, 2007, p. 122). The second theme to emerge was *Sexual Orientation*. The reactions in the group ranged from happiness to sadness, and withdrawal. A male to female student stated, "I was really confused as to who I am. I looked at boys and girls, until I would identify as transgender when I was 17" (Grossman & D'Augelli, 2007, p. 123). The complexity of sexual orientation gets compounded when they begin to question their gender identity. The third theme, *Vulnerability and Health Issues* revealed some significant findings. A student disclosed, "When my mother, who is a PhD, found out what I was, she used to hurt me with things. She hit me on the head with an iron once, and I had five staples. Finally, she disowned me" (Grossman & D'Augelli, 2007, p. 125). Another student brought up the suicide ideation, "If you come

out, you may want to kill yourself if you come from a Catholic background, or Christian, or very religious background. You love your parents so much you will try to kill yourself to keep them from misery" (Grossman & D'Augelli, 2007, p. 124).

Attempted suicide is perhaps one of the most serious risks transgender youth face. In comparison to the general population, the suicide rate and suicidal tendencies are considerably high for transgender individuals (Virupaksha, Muralidhar, & Ramakrishna, 2016). In a recent study, Peterson, Matthews, Copps-Smith and Conrad (2017) obtained data from the Cincinnati Children's Hospital Medical Center Transgender Clinic, which opened its doors in 2013. The researchers did an extensive chart review of 96 adolescents, ages 12–22 presenting with gender dysphoria diagnosis. Of the sample, 41.8% reported a history of self-harm, while 30.3% reported attempted suicide (Peterson et al., 2017).

Bradlow et al. (2017) reported that nine out of ten (92%) of transgender students in the U.K had thought about taking their own life, while 70% of lesbian females, gay males and bisexual males and female students considered suicide. The authors also found that 45% of transgender individuals had attempted suicide at least once, whereas 22% of lesbian females, gay males and bisexual male and female students had made the attempt. As estimated by the National Health Service (NHS), 13% of non-LGBTQ females and 5% of males had attempted suicide (Bradlow et al., 2017). Testa et al. (2017) observed, "there is a dearth of research on the relationship between SI and other gender minority stress factors, including two of the external stressors (rejection and nonaffirmation) and all three of the internal stressors (internalized transphobia, negative expectations, and nondisclosure)" (p. 127). As newly proposed constructs, research still needs to be

completed to establish relationships between suicidal ideation and gender minority stress factors.

Joiner's (2007) interpersonal psychology theory of suicide seems compatible with the gender minority stress and resilience model (Testa, Michaels, Bliss, Rogers, Balsam, & Joiner, 2017) as it "posits the desire for suicide is caused by feelings of thwarted belonging and perceived burdensomeness, and that it is the acquired capability for self-harm that explains why only some people have suicidal ideation go on to attempt or complete suicide" (p. 127). Joiner (2007) asserted that "this need to belong is so powerful that, when satisfied, it can prevent suicide, even when perceived burdensomeness and the acquired ability to enact lethal self-injury are in place. By the same token, when the need is thwarted, risk for suicide is increased" (p. 118).

In a recent study, Testa et al. (2017) explored the relationships between the gender minority stress resilience (GMSR) model factors, IPTS factors (perceived burdensomeness and thwarted belongingness), and suicidal ideation (SI) among TGNC individuals. The dataset included 817 participants 18 years or older, living in the United States and Canada. Participants took a survey, Gender Minority Stress and Resilience Measure, (GSMR) previously created and piloted by Testa et al. (2015). The results indicated that a majority of the variables were significantly positively associated. Exceptions included discrimination, which was unrelated to nonaffirmation, internalized transphobia, and perceived burdensomeness was not related to nonaffirmation (Testa et al., 2017). Figure 4 illustrates the results.

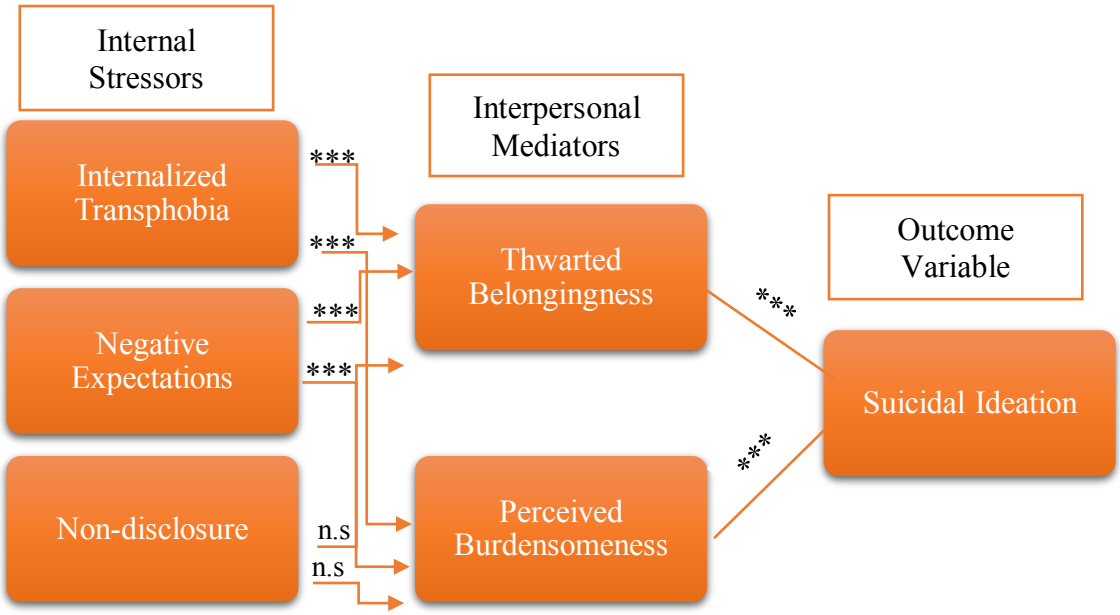


Figure 4. Internal gender minority stressors on suicidal ideation through interpersonal theory of suicide variables (Testa et al., 2017, p. 129)
Note. *** $p < .001$.

The World Professional Association for Transgender Health (WPATH) organization is presently working on the 8th edition of the Standards of Care (SOC), which will be published in 2018 with an expanded section on transgender youth. Currently, the 7th edition highlights the importance of addressing gender dysphoria in adolescents (Coleman et al., 2012). Gender dysphoria can be defined the American Psychological Association as, "Distress may accompany the incongruence between one's experienced or expressed gender and one's assigned gender" (p. 451). According to the SOC (Coleman et al., 2012), children as young as two may exhibit gender dysphoria, including the desire to wear the opposite gender's traditional clothing, or play with toys and games that are typically assigned to the other gender. The children may even prefer to play with peers of the other sex. Children exhibiting gender dysphoria often have co-

existing disorders of anxiety or depression. For some children, as secondary sex characteristics develop, their feelings of anxiety and depression may intensify (Coleman et al., p. 12).

School-Based Supports

Inclusive Policies

On May 13, 2016, the U.S. Department of Education issued a "Dear Colleague" letter. Although not legally binding, the letter provided guidance to parents, teachers, administrators, and school districts across the nation in relation to transgender students, and Title IX (Education Amendment Act of 1972). In short, the letter serves as significant guidance around gender identity in order to help support schools meet Title IX requirements. The document highlighted the following:

1. Under Title IX, a school must treat students consistent with their gender identity even if their education records or identification documents indicate a different sex.
2. A school may provide separate facilities on the basis of sex but must allow transgender students to access such facilities consistent with their gender identity (United States Department of Education, 2016, p. 3).

Officials from 24 states have challenged the "Dear Colleague" letter and the Obama administration's interpretation of Title IX; however, other states have embraced it by passing laws protecting transgender students from discrimination (Kralik, 2017). In July 2016, Massachusetts passed legislation allowing transgender individuals to use restrooms and locker rooms in accordance to their gender identity (Kralik, 2017). The

opposite occurred in North Carolina, where the legislature passed a bill forcing students in public schools to use facilities that corresponded their assigned sex (Kralik, 2017).

Other meaningful inclusive policies come from school district hiring practices. Cerezo and Bergfeld (2013) and Ratts et al. (2013) suggest that school climate issues can be address by hiring LGBTQ administrators. In other words, placing LGBTQ personnel in power positions, can have an impact on hiring teachers, the adoption of anti-discrimination policies, support systems, resources club access and inclusive policies thus changing the school culture. Teachers then have the opportunity to integrate LGBTQ curriculum into their lessons and school counselors can provide guidance lessons on the harmful effects on bullying, harassment and intimidation (Ratts, et al., 2013).

Curriculum

Beginning in 2002, teacher Sara Barber-Just worked to write and pilot an inclusive LGBTQ curriculum in an alternative classroom of ten students in Amherst Massachusetts (Sadowski, 2016). Using an American literature course as her template, Barber-Just helped students explore sexual identity and the concept of intersectionality in the classroom. In the first two years of the course, Barber-Just taught the class for free, giving up 10% of her salary. As word of the class spread throughout the school and its popularity grew, Barber-Just was given unanimous school board approval to expand the course as an elective open to all students at Amherst High School. Presently, the class became so popular, Barber-Just was unable to teach all of the classes necessary to meet the high demand for the class by students. As a result, two more sections were added to the master schedule that are taught by another teacher at the school (Sadowski, 2016).

In New York, teacher Maggie Chesnut addressed LGBTQ issues within her classroom through her social studies class titled, *Movement Building*. Although the entire course was not built primarily on the civil rights struggles of the LGBTQ community, they were compared with other historical struggles. Just recently, Chesnut was able to help students draw parallels between the pivotal LGBTQ 1969 Stonewall rebellion and the Black Lives Matter movements post Ferguson and Baltimore (Sadowski, 2016).

Chesnut and Barber-Just were proactive teachers who saw a need, created a curriculum, obtained approval, and brought it to their students. The school districts did not mandate the teachers to make a change, nor did they initially fund them for their time. Sadowski (2016) observed, "Curriculum that is inclusive of LGBTQ identities can be a political hot button," (p. 37). Furthermore, eight states in the Unites States have actual laws or municipalities that prohibit teachers from mentioning LGBTQ issues in a positive or even impartial light (Sadowski, 2016).

In 2011, the FAIR Act required public schools in California to teach students about the contributions LGBTQ individuals and persons with disabilities made in the state of California, and in U.S. History. The Los Angeles Unified School District (LAUSD) required their schools do the following:

1. promote positive images of LGBTQ individuals;
2. adopt LGBTQ available age-appropriate curriculum K–12;
3. adoption of new curriculum must be inclusive of LGBTQ individuals and those with disabilities;
4. provide professional development for training, outreach, training for parents and students; and

5. staff have a duty to prevent LGBTQ bullying and harassment, ensuring that all students feel safe on campus (Sadowski, 2016, pp. 32-33).

The researcher of this study analyzed the Los Angeles Unified School District and discovered that it has a variety of resources for teachers, staff, parents, and students. For example, the district maintains a website that includes resources for school staff to access that address LGBTQ issues with students and offer topics and suggestions for professional development. The website also contains research from the California Safe School Coalition, which is dedicated to advocacy and school climate improvement for LGBTQ youth. Additionally, the district's website offers a wealth of curriculum resources at the elementary, middle, and high school grades compiled by teachers, the GLSEN, California Safe Schools Coalition, and the New York Times' Learning Network.

The LAUSD also provides staff with a list of prescreened speakers on LGBTQ issues to come speak to students regarding LGBTQ community issues (Sadowski, 2016). In analyzing the lesson plans that the LAUSD provides, the school district includes resources for gender identity beginning at the kindergarten level with simple discussions using literature. The lessons continue with deep teacher-led discussions, using music, poetry, science, social studies, and literature at the secondary level. Although the LAUSD does not provide the same number of resources that a typical textbook series might, the district has taken a bold step in supporting students, staff and families for all members of the LGBTQ community.

Clubs (Gay - Straight Alliances - GSAs)

Supportive student clubs can provide students with a safe space to reaffirm themselves within their school environment, which may feel at times hostile (Kosciw et

al., 2016). A GSA can offer students a leadership opportunity within their school to creative positive school change and educate their classmates and adults around them. Palmer, Kosciw, and Bartkiewicz (2012) observed that in schools with GSA's, specifically rural schools, students heard fewer homophobic remarks and were less likely to report feeling unsafe at school. In addition, LGBTQ students were less likely to be victimized due to their gender expression and were more likely to have staff intervene on their behalf should they hear homophobic remarks (Palmer, Greytak, & Kosciw, 2016). Unfortunately, GSAs were less likely to be found in schools in rural areas (27%) than in urban areas (53%) in 2012. According to the GLSEN's 2015 School Climate Survey, 54% of secondary schools had an active GSA (Kosciw et al., 2016).

Gay-straight alliances do not always address transgender issues; however, they are most correlated with having the strongest benefits to transgender students as depicted in Table 3 on the next page (Greytak, Kosciw, & Boesen, 2013). In a study of 409 transgender secondary students, 216 (53%) reported having a GSA. For transgender youth, GSAs, supportive educators, inclusive curricula, and comprehensive policies were negatively related to victimization and absenteeism, indicating that transgender youth in schools with resources experienced lower levels of victimization and absenteeism. The presence of a GSA was strongly correlated with the outcomes, suggesting that it may provide the largest benefit to transgender individuals (Greytak, Kosciw, & Boesen, 2013).

Table 3

Greytak, Kosciw, & Boesen, 2013 Study

Resource	Sexual orientation victimization	Gender expression	Absenteeism
GSA	-.172**	-.196**	-.221**
Comprehensive Bullying/antiharassment policy	-.110*	-.116*	-.187**
LGBT-inclusive curriculum	-.151*	-.135**	-.158**
Supportive Educators	-.122**	-.115*	-.136

Note. *p <. 05; **p < .01

Staff

Cianciotto and Cahill (2012) asserted that lack of training is the origin of why many teachers and counselors fail in serving LGBT youth. Professional development is thus an essential tool for creating a school atmosphere free of anti-LGBT harassment and discrimination. Training also provides teachers, administrators and other staff members with an opportunity to work through their own feelings about sexuality, gender fluidity, and sexual orientation if an uncomfortable situation comes up with a parent, student, or colleague (Cianciotto & Cahill, 2012).

The purpose of pre-service teacher education programs is to prepare future teachers with the necessary skills to be effective in the classroom and hallways. Aside from providing pre-service teachers with pedagogical methodologies, teacher preparation programs typically add in a course on diverse populations such as ethnicity,

socioeconomics, and race; however, few prepare potential teachers on sexual minorities (Wyatt, Oswalt, White, & Peterson, 2008). Wyatt et al. (2008) found in their research study of 334 pre-service teachers that the overall attitude toward gay males and lesbians indicated "the need for more training in order to create a more positive and safe environment for LGB students" based on their responses to a comprehensive 147 question survey, the Attitudes Toward Lesbian and Gay Men (ATLG-S) Scale (p. 179).

For teachers already in the profession, Mason, Springer, and Pugliese (2017) recommended staff development in LGBTQ issues as an intervention to support transgender and gender nonconforming students. In using a systematic approach and "addressing the community of adults in the school appears to be an important first step", Mason, Springer and Pugliese (2017, p. 305) suggested that a shift in focus from the individuals to the system would be necessary if a change in the school climate was to occur.

Appropriate training for staff aimed at creating allies to promote an equitable, positive school climate is another form of intervention for LGBTQ students (Cooper, Dollarhide, Radliff, & Gibbs, 2014). In a study conducted by Konishi and Saewyc (2014) 27, 245 participants were randomly sampled across Western Canada. The study concluded that a caring adult, either a teacher or parent, reduced the odds of running away, despair, binge drinking or dropping out of school at specifically higher rates for LGBT youth. The findings indicated "critical roles of caring-adult support in reducing greater social emotional problems and educational concerns" (p. 511).

The New York Department of Education began implementing professional development in 2007 around LGBTQ issues under its Respect for All campaign. The two-day training provided school staff and understanding of the following:

1. an understanding of the LGBTQ terminology;
2. self-reflection regarding own behaviors and professional practices;
3. empathy for students identifying as LGBTQ; and
4. the importance of intervening when students make anti-LGBTQ remarks (Diaz, Kosciw & Greytak, 2010).

Diaz et al., (2010) proposed that in order to develop a safe school environment with effective teachers capable of addressing name-calling, bullying and harassment on the basis of gender identity, and gender expression training was necessary.

Summary

According to recent school climate surveys in both the U.S and U.K, LGBTQ students do not feel safe at school. Transgender students are more vulnerable to bullying, physical and verbal harassment, suffer from depression, attempt suicide at higher rates, and suffer academically (Bradlow et al., 2017; Kosciw et al., 2016). Schools must begin examining the systems they have in place to include transgender youth in their policies, curriculum, and clubs, as well as to provide support staff that understand their unique challenges as they navigate the difficulties they face in through the discovery of their gender identity (Cianciotto & Cahill, 2012).

Chapter 3: Methodology

Aim of the Study

The aim of this single case study was to understand how the secondary school environment impacted the academics and social emotional health of the participant in the United Kingdom over the course of several years during their female to male gender transition. The conceptual framework the researcher evaluated for a goodness of fit was minority stress, which "describes stressors embedded in the social position of sexual minority individuals as causes of health-related conditions and suggests that because of stigma, prejudice, and discrimination, lesbian females, gay males, and bisexual individuals experience more stress than do heterosexuals and that stress can lead to mental and physical disorders" (Meyer & Frost, 2013, p. 252).

Qualitative Research Design

The researcher chose a qualitative approach for this study for several compelling reasons. In general, qualitative research methods are appropriate because there is an issue or problem that needs to be explored (Creswell, 2013). Additionally, Creswell (2013) argued that there is a need to hear silenced voices, such as the vulnerable student population that was the focus of this study. The purpose of this study was to hear the voice of one transgender student and explore how minority stress in the school environment impacted the participant's academics by asking the following questions:

(a) How were your grades and attendance impacted as a result of your gender transition?

(b) Did your school provide academic intervention when you began to fall behind?

Specifically, a qualitative approach is warranted when we "want to empower individuals to share their stories" (Creswell, 2013, p. 48). Qualitative research questions often begin with how or what, so the researcher can develop an in-depth understanding of the participant's experience relative to the topic (Creswell, 2013). In this study, the researcher wanted to understand how minority stress (Meyer, 1995, 2003) impacted the participant's social emotional health and well-being by asking the following questions:

(a) Did you experience homophobic, biphobic or transphobic language from staff or students at school?

(b) Did you feel bullied or intimidated by students, staff or administration at school?

(c) Did you experience physical assault at school?

(d) Did you feel excluded from your school community?

(e) Did you feel respected by your school community (including peers, staff and administration)?

(f) Did you feel included in your school community?

(g) Did you have anxiety or depression as you have transitioned from female to male?

(h) Did you have thoughts of self-harm or suicide as you have transitioned from female to male?

Second, a qualitative study allows the researcher to explore phenomena, such as the experience of feeling left out or angry, which is difficult to extract through conventional research methods (Creswell, 2013). Qualitative research methods are the best approach when studying phenomena when attempting to understand human relations

in context (Morse & Richards, 2013). For the present study, the researcher explored the participant's perceptions and experiences of the environmental barriers within the school system that impacted his academic standing and social emotional health.

In addition, qualitative research methods emphasize the researcher's role as an active participant in the study (Creswell, 2013). For this study, the researcher was the key instrument in data collection and the interpreter of data findings (Morse & Richards, 2013). The qualitative research methods used in this study included: a semi-structured interview, online sources (social media posts), poetry written by the participant, drawings, and photographs. Specifically, triangulated design is used in a case study approach to gain multiple perspectives on the same topic through the use of three data sources (Creswell, 2013; Morse & Richards, 2013).

Participant

The participant for this study at the time of the semi-structured interview was a seventeen-year old female-to-male transgender student in the United Kingdom, who resided in a small rural town about forty miles northeast of Edinburgh, Scotland. The town has approximately 5,000 residents. The researcher chose only a single participant for the study which aligns with Yin's (2018) description of a single case study design. The selected participant has a unique story as an underserved minority within the school system and his voice offers a perspective that addresses a problem within schools (Creswell, 2013).

The participant was chosen for the study through a convenience sample as the researcher had a previous relationship with the student, having met him twice through extended family relationships. In addition, the participant resides in a location identified

in the Stonewall Report (Bradlow et al., 2017), which allowed the researcher to gain a personal account and perspective on the data within the report.

The researcher contacted the participant via Facebook Messenger to arrange a time to Skype. The invitation included the purpose of the semi-structured interview, an approximate length for the interview, and a request for time availability.

Measures

The data collection measures for this case study were artifacts and interviews, ex-post facto. The researcher determined that a one-on-one semi-structured interview with the participant was the most appropriate approach (Creswell, 2013). Due to the distance between the researcher and participant, the researcher recorded the interview via Skype, with participant approval. The researcher developed the interview questions based on information from the literature review and findings from school climate surveys regarding LGBTQ students in schools. In addition to the semi-structured interview, the researcher also analyzed artifacts from the participant including poetry, social media posts, drawings, and photographs.

Validity and reliability are two important considerations in any research study. Yin (2018) described reliability as "the consistency and repeatability of producing a case study's findings" (p. 288). To address reliability, the researcher established a protocol for procedures (Yin, 2018). For example, the participant was contacted, given the purpose of the study, and invited to participate. The date and time for the interview were then scheduled when the participant responded with a follow-up confirmation message. The researcher scripted the questions ahead of time for replicability and, in order to maintain consistency, followed them in exact order.

Creswell (2013) described validity in qualitative research as “an attempt to assess the accuracy of the findings” (p. 249). To address validity within this study, the researcher used triangulation, making use of multiple sources for corroborating evidence to shed light on the participant’s perspective (Creswell, 2013). Additionally, the researcher provided transcripts to a peer trained in qualitative research to independently review the data analysis for an external check of coding and theming to address interrater reliability.

Data Collection

Upon selection of the participant, the researcher contacted him through Facebook Messenger to secure an appointment for an initial interview via Skype. Yin (2018) defined an interview as “conversational in nature guided by the researcher’s mental agenda” (p. 267). The initial interview lasted approximately 45 minutes and featured predetermined questions written by the researcher. According to Creswell (2013), interviews should be conducted with approximately five to seven open-ended questions. Adequate recording procedures were used as the Skype video call was recorded and an audio file was also made for back up. The researcher created an interview protocol of five pages in length with the questions typed and space for the researcher to write responses during the interview.

After the completion of the interview, the researcher transcribed the recorded interview. To ensure transcript accuracy, the researcher reviewed the transcript while listening to the audio recording one additional time after the transcription process was complete. The participant’s name was changed on the official transcript to protect his identity. In addition, the transcript was presented to the participant for his review to

ensure accuracy. The researcher then processed the transcript for coding and theming to determine trends and patterns.

Data Analysis

The researcher followed Creswell's (2013) six-step data analysis process and although these steps are described in linear order, Creswell described them as "interrelated and often go on simultaneously" (p. 182).

Step 1. Organize the data and prepare it for analysis. During this step, the researcher reviewed the audio recording from the interview and transcribed it in a Word document. The researcher also created a file of artifacts on a Google Drive to ensure a back-up of all files, including the audio recording and video recording. All other artifacts, including photographs and poetry, were categorized and kept in the Google Drive.

In addition to organizing and collecting artifacts such as poetry, photos, and social media posts on the Google drive, the researcher printed them out and categorized them visually on the wall according to code, and then theme. Some artifacts collected and analyzed did not apply to the research questions and were not included in the discussion. Most of the artifacts relevant to the research questions contributed to the analysis of this study; however, the decision was made to exclude pictures of a majority of the artifacts in this study to protect the identity of the participant.

Step 2. Reading and writing notes. During this step, the researcher reviewed the transcript and artifacts, making notes several times to get a "sense of the whole database" (Creswell, 2013, p. 183).

Step 3. Start of the coding and theming process. During this step, the researcher followed Creswell's procedure of organizing the material into segments and segmenting

the segments into categories (Creswell, 2013). The researcher then labeled the categories with terms based on the language from the participant.

Step 4. Use of the coding process to generate descriptions. The researcher used this process to generate codes for the descriptions, which led to generalizing a small number of themes. The researcher then analyzed the emerging themes and gathered them into a general description for this case study (Creswell, 2013).

Step 5. Abstracting beyond the codes and themes to make meaning from the data. Creswell (2013) recognized the role the researcher's background, personal views, and insights have on research interpretation. As a school administrator and member of the LGBTQ community, the researcher's experiences helped in understanding of the participant's experiences in the school setting. The researcher focused specifically on what the participant was saying, and the conclusions he drew, as well as implications for school systems and future practice. The themes that emerged from this study came directly from the participant's own meaning-making processes and my awareness of my own biases.

Step 6. Representing the data in a visual form. In the research process, it was crucial to represent the data using a clear organization method, specifically Microsoft Excel. The researcher was able to create a table, color code, drag and drop sentences into specific categories, and develop themes for visual representation.

Summary

Chapter 3 outlined the qualitative research methods for this study and the ways in which these decisions anchored the design and process of the analysis. The researcher utilized a semi-structured interview, online sources (social media posts), poetry written

by the participant, drawings, and photographs from the participant in this single case study design to learn about how the school experience impacted his academics and social emotional health. The researcher also followed up with the participant via Facebook Messenger to clarify additional questions from the original interview. After completing the interview, the researcher followed the coding and theming process to identify patterns and commonalities. Interrater reliability was also addressed by including the use of a second trained independent coder. Chapter 4 will present the results of the study.

Chapter 4: Results of the Study

The purpose of this study was to explore how minority stress impacts the academics and social emotional health of transgender youth using student artifacts and perceptions of the school environment. In addition to academics, the researcher sought to ascertain how the school influenced the participant's social emotional health, as it serves as the environment in the minority stress model (Meyer, 2003; Meyer & Frost, 2013). The following research questions regarding academics and social emotional health informed this study:

1. To what extent does a school system impact the minority stress of a transgender student?
2. How does minority stress impact the academics and social emotional health of a transgender student?

During an in-depth interview and follow-up email correspondence the participant described his perception and experiences within secondary school and beyond. He discussed academics, bullying, harassment, change, school staff, school policy, and his overall social emotional health.

The research findings that this chapter reports on are based on the analysis of the following data sources: a semi-structured interview, online sources (social media posts), poetry written by the participant, drawings, and photographs.

Background

At the time of the original interview, the participant was a 17-year old female-to-male transgender student, in a rural town in Scotland. Seven nearby small towns feed into a local secondary school, with fewer than 200 students at its peak and as few as 125

students. The primary school the participant attended within the town he resided in housed only 40 students at the most.

For reporting purposes, and to protect the participant's identity, he was assigned a pseudonym, John Quinn. At the time of the study, John lived at home with his mother, father, and two younger brothers. His parents are educated adults who have good standing in the community. John's mother frequently volunteers at the schools, local church, and town council, as well as being politically active within the community. His father works in a well-respected job in a neighboring town, and moonlights as a drummer in a local band on the weekends for fun. The Quinns have extended family in the area and are supportive of the LGBTQ community, having identified gay male and lesbian female family members and friends. The family values education and promotes it with their children and in the community at every opportunity. They have vacationed together in France and along the coast of Scotland and can be seen enjoying one another's company over social media. The Quinns attended concerts and LGBTQ pride events together. On Facebook, everything looked picture perfect.

Study Findings

Four themes emerged from the data:

1. Academic decline
2. Negative school environment
3. Support
4. Rejection

While the themes are reported as being discrete, there is considerable overlap among them. In cases of overlap, the data are described within the themes where they

appear the most logically. It is also critical to note that Meyer's minority stress model (Meyer, 2003; Meyer & Frost, 2013), which will be described in detail within the findings, also addresses each of the themes.

Theme 1: Academic Decline

This theme is discussed through the analysis of the semi structured interview and the analysis of artifacts. It is further divided into sections based on the participant's perceptions and experiences. For the purpose of this study, the definition of academic decline is derived from the GLSEN School Climate Survey (Kosciw et al., 2016) and the minority stress model (Meyer, 2003, Meyer & Frost, 2013). As a result of the circumstances in the environment and general stressors, the participant's grade point average decreased as he transitioned from female to male. Consequently, the participant's social emotional health suffered.

Interview and Artifact Analysis

This section describes the participant's, John Quinn, school records, which included the secondary transcript information he used to apply for admittance to university. These records were obtained voluntarily from John and were complete.

In general, the data revealed a decline in the participant's grades due to circumstances in the environment during his gender transition, beginning in 2014. Although John excelled in a few courses, such as Fashion and Technology, Administration, and Sociology, the academic decline was clear. Unlike students in the United States, Scottish students begin high school at the age of 11 or 12, which is the American equivalent of the sixth or seventh grade. First and second years in Scotland do not sit for exams and do not earn credits, but they do have the option to leave high school

at the age of 16 for early university admittance or a low skill job such as retail, manual labor or an apprenticeship. Table 4 presents John's academic results.

Table 4

Participant's Transcript

Course	Year	Grade	US Equivalent
Standard Grade			
Administration	2013	2	B
Biology	2013	2	B
English	2013	2	B
French	2013	2	B
History	2013	2	B
Mathematics	2013	3	C
Modern Studies	2013	2	B
Intermediate Courses 1 & 1 (Scotland)			
Administration	2014	A	A
English	2014	B	B
French	2014	B	B
Biology	2014	F	F
History	2014	D	D
National 5			
Fashion and Technology	2016	A	A
Hospitality	2015	B	B
Scottish Highers			

Health and Food Technology	2016	F	F
Religious, Moral and Philosophical Studies	2016	C	C
Sociology	2015	B	B
Administration	2015	B	B
English	2015	C	B
French	2015	C	C
History	2015	F	F
Biology	2015	No Grade	No Grade

Despite John's failing grades, his school offered no intervention classes, after school tutoring or credit retrieval opportunities. John stated,

> The school provided no academic intervention whatsoever. As an institution, they offered no support and guidance counselors and head of years were no help and entirely dismissive of the situation and the difficulties I was facing.

John did not experience attendance issues due to school victimization; however, he reported having more absences from school in his fourth, fifth and sixth years, due to required attendance at the CAMHS counseling sessions. The absence record was not available for this research study.

In general, the data indicated that prior to coming out in the LGBTQ community, John felt that he was a straight B student, with an exception in math, where he historically underperformed. He stated that most saw him as "quite academic, and clever." John was someone who had a history of doing well on exams, particularly in history and English.

After coming out, specifically as a transgender student, John's grades began to suffer. He reported failing one exam and getting a D in his fourth year. In his fifth year, he dropped his Biology course, failed two exams, and reported a suicide attempt. This followed a major incident at the school in which John was mis-gendered, resulting in a breakdown and skipping physical education (PE) for two months.

The local police department held a recruitment assembly for all females over the age of 16 at John's school one afternoon. Assuming that he did not meet the criteria, John attended his physical education PE class with the boys. He recalled, "Well, doesn't really apply to me because if I join the police, they are far enough in their equality, that I'll just join as a man." He could have taken the opportunity to skip class, but he did not. He changed his clothes in the disabled bathroom and headed to the boys' side of the gymnasium. As he approached, the PE teacher asked John in a loud voice in front of all the other boys, "Why aren't you in the assembly?"

John responded, "'Because I'm not a girl."

The P.E teacher stated, "Well, as far as I'm concerned if you're not in the assembly, you have to justify that to your head of year." For the last two years, John had been living his life as a male and now he had been required to justify his gender. When John arrived at his head teacher's office, the secretary informed him that he was at the assembly. To avoid a humiliating experience, John chose not to walk down to an all-female assembly to explain to his head teacher why he should not be there in front of an entire room of girls. "Look, I've been sent out of class because I've been told I have to be in an all-female assembly, but I'm not a girl, and I don't think I should have to be there. I've been sent to justify myself to Mr. Rushmore. Do you know where he is? "

The office staff directed John to the guidance teacher, who John referred to as, “lovely, but particularly useless.”

“Look I've been sent out of class, 'cause apparently I have to justify myself to not being in an all-girl assembly.”

The guidance teacher, said, “Alright, that's cool. You've told me, you can go back to class now.”

John replied, “I don't want to go back into class. Like I've just been mis-gendered and forced to like explain myself to half of the teaching staff.” He burst into tears and went to talk to Miss Barkesdale, a teacher whom John saw as an LGBTQ ally within the school. She attended the LGBT after school club meetings and went to LGBT professional development on her own accord.

Miss Barkesdale told John, “Look, it's okay. Just go back to PE, get changed and come sit in my classroom.” He did, and then spent the next two months skipping PE, which was reflected in his school attendance and consequently forced a visit to his family doctor. Anxiety and depression soon set in.

Having previous mental health issues due to dysphoria and a diagnosed panic disorder, John told the doctor, “Look, going to PE makes me physically uncomfortable. I have to use changing rooms, even walking down the corridor makes me feel sick, staff don't treat me well, it makes me uncomfortable, I panic every time I see PE on the timetable. Like I can't go back.” The doctor made the decision to excuse John from PE for the remainder of the school year with the provision that he would complete physical activity at home. He agreed.

A modification of Meyer's (2003) minority stress model is depicted below to illustrate the traumatic event and how it impacted John's academic standing. Figure 5 shows the modified model to fit John's perception of the event. The traumatic mis-gendering experience triggered a dramatic decline in John's grades in conjunction with his overall social emotional health. In relation to the minority stress model, this is indicative of general stressors, such as bad grades (see Figure 5, circle c). In addition, this incident is also an indicator of circumstances in the environment (a), which overlaps with minority status (b). Minority status often leads to identification with one's minority identity (e), all of which can lead to negative mental health outcomes (i). Figure 6 depicts the modified model with the insertion of details from John's account of the event.

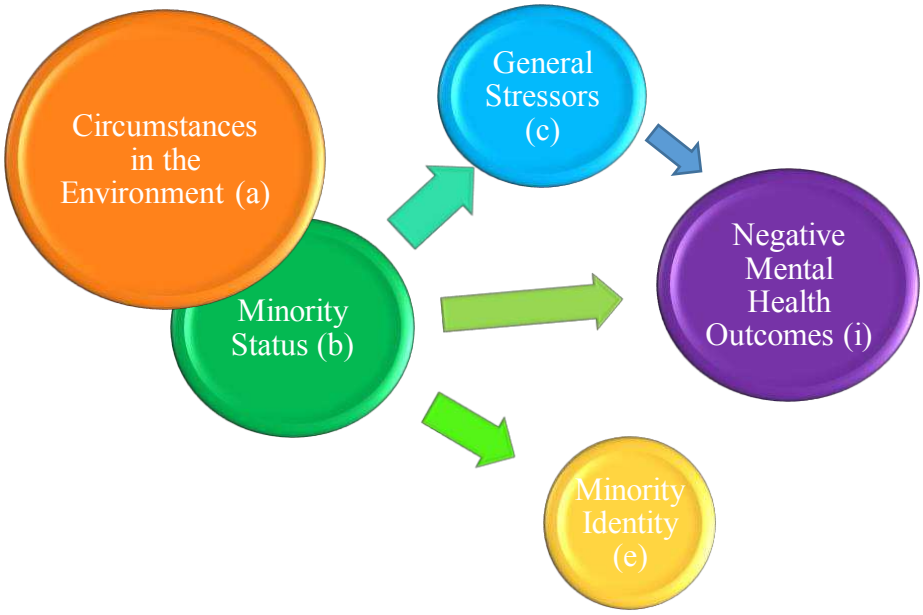


Figure 5. Adapted minority stress model, Theme 1.

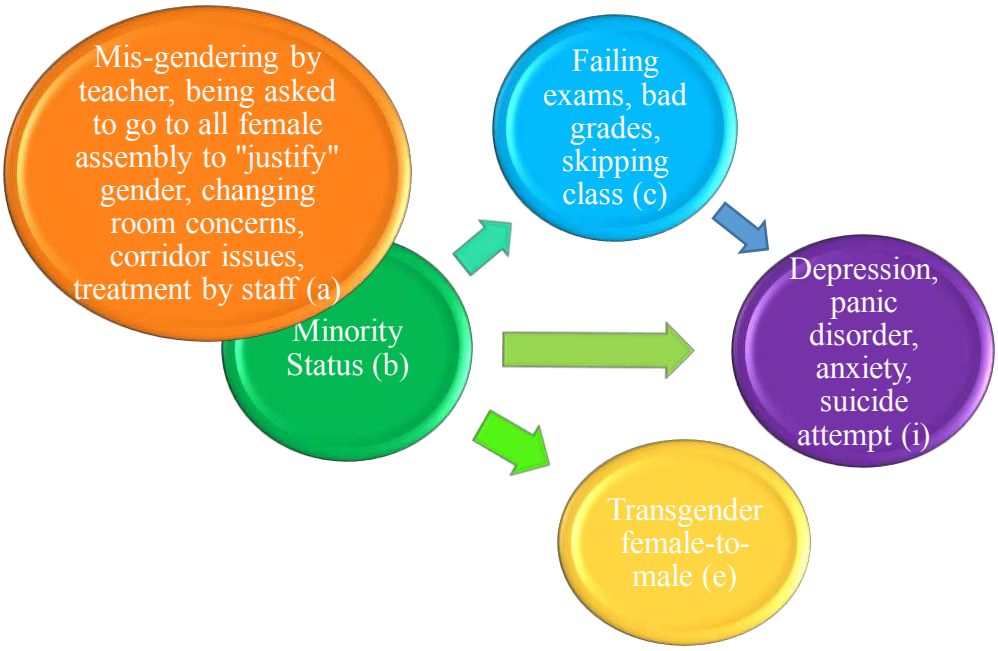


Figure 6. Adapted minority stress model, Theme 1, with John's information.

Figure 7 illustrates specific distal and proximal stressors John experienced as a transgender individual, based on Testa Habarth, Balsam and Bockting's (2015) model. Although the model includes most items uncovered in Theme 1, it does not depict other general stressors, such as failing grades and exams, or deliberately missing class.

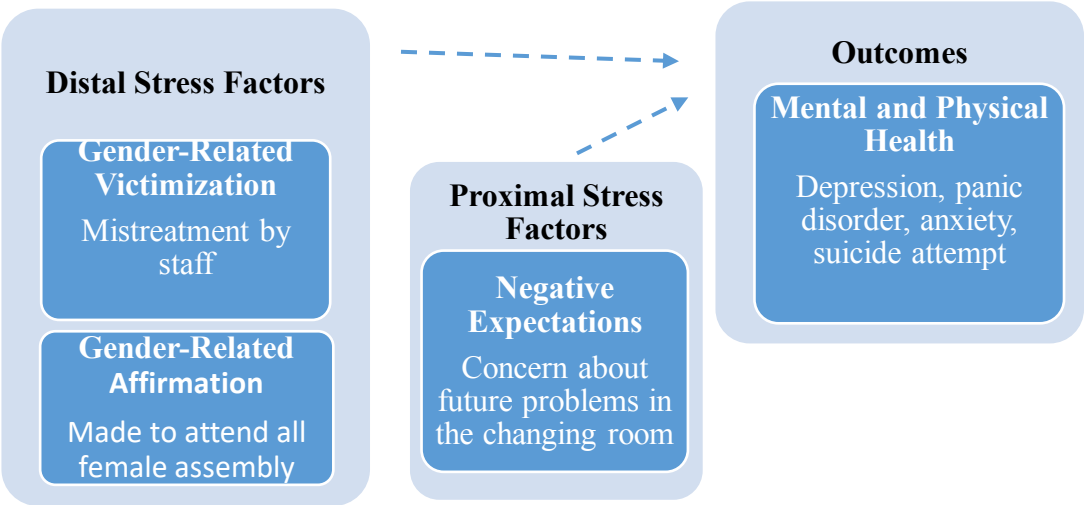


Figure 7. Adapted gender minority stress model, Theme 1, with John's information.

Theme 2: Negative School Environment

This theme is discussed through the analysis of the semi structured interview and the analysis of artifacts. It is further divided into sections based on the participant's perceptions and experiences. For the purpose of this study, the definition of a negative school environment is derived from the GLSEN School Climate Survey (Kosciw et al., 2016) and the minority stress model (Meyer, 2003, Meyer & Frost, 2013). A negative school environmental includes homophobic language, prejudices, gender discrimination, proximal, and distal stressors. Consequently, the participant's social emotional health suffered. In addition, a lack of systemic policies regarding bullying also contribute to the minority stress of the participant and the negative school environment.

Interview and Artifact Analysis

The school system and environment negatively impacted John's social emotional health in a myriad of ways. First, John addressed the homophobic language he heard frequently in the corridors and classroom, dating back to his days in primary school through secondary school.

> I would get called like a dyke, and stuff like that and they would just use really horrid homophobic language. I already spent a lot of primer school being picked on for being a boy because I had short hair and wore boys' clothes, but I just sort of ignored it, but then when I got to high school it was sort of like dyke, fag, homo.

In John's fifth year, he described an argument he had with a teacher because the teacher ignored homophobic language in the classroom, which led to an official complaint being filed by his parents with the school. In his recollection of the incident,

John compared the use of homophobic language to the school's policy against using racial slurs.

> I have a friend, he's from Britain, but his family is like third or fourth generation Pakistani and I said … well if I used the words, someone would use to insult a Pakistani, I'd be expelled and I don't even get an apology. But it's okay for other people to use nonacceptable language towards me, and you're not gonna do anything about it.

The researcher asked John why he thought teachers allowed this type of language in their classrooms. He offered his perspective.

> I don't know. I think it's maybe because, I would like to think it's because they don't know how to challenge it, rather than they don't want to, but some part of me will say that's a little bit naive thought and some of it may be that they don't want to. It's is difficult obviously. Like I've never been in a position of a teacher. Like you sort of have to, you have to be able to tell the kids off like in a constructive manner, and like a lot of things maybe like no, you can't call that person a fag.

John further described a deeper-seated problem regarding the effort his teachers were willing to put forward.

> So there's a lot of it you have to change about prejudices, and you have to educate people to understand that that sort of things are unacceptable, but the effort that that would require from teachers isn't what they're willing to give. So yeah, like they can turn in someone for saying "dyke," but because there's not a problem with that part, it would require too much effort for them to have to sit down with

> the boy or girl, and be like "Look, this is why you can't use this sort of language," but that would require a lot of effort, which teachers aren't just willing to give. Like society it's become acceptable to use racial slurs, so they don't have to worry about educating people as much.

School policy. To protect John's anonymity, the school policy will not be cited in this research; however, it states that the school defines bullying behavior as any one of, or a combination of verbal name calling, being socially isolated, mentally threatening behavior, physical behavior such as kicking or punching and acts of prejudice based on gender or sexual orientation, all of which happened to John at one point in time during his schooling. The policy also indicates the responsibility of all staff and students to report such bullying as it occurs. Within the town council, the expectations of all educational establishments are that they should promote a school culture where "bullying is unacceptable" and ensure the safety of "everyone in the learning community" (pp. 4-5).

Aside from not addressing biased language through school policy, an artifact obtained through the school website, John and his family also struggled getting school administration and staff to recognize John's name change and proper pronoun usage. Name changes and pronoun usage are of particular importance to transgender individuals as they claim their minority identity (Erickson-Schroth, 2014). John described his family "fighting with the school" to change his name on his academic records prior to his 16th birthday. The school refused until the family was able to present a legal document, which John was able to obtain through an official birth certificate change in Scotland. On his 16th birthday, John's family took him to get his name officially changed, which he posted on Facebook. The certificate was presented to the school and they were finally forced to

make the change; however, not all staff were compelled to respect John's gender identity and "deliberately misused pronouns," which led to the family filing an official complaint.

In conversation, John discussed how sometimes people accidentally used the wrong pronoun, which he understood and forgave. He expressed that he struggled when he felt that people "deliberately mis-gender him" to hurt him or because they refuse to accept him for who he is. One example of deliberate mis-gendering comes from a social media post, which was a picture of John's report card. John's perception was that his teacher had deliberately mis-gendered him with the use of female pronouns in the remark portion of the report card.

The family also had discussions with the school to remove the female distinction from John's school records, either to allow the male box to be checked or to include a non-binary category. John stated that "the school was not supportive of him coming out as a man." The school refused the request his entire school career.

John also experienced awkward and uncomfortable moments regarding the restroom. The school lacked a definitive bathroom and locker room policy regarding transgender individuals. The school would not allow John to use the men's bathroom and offered him two alternatives: the girls' bathroom, but only if the girls were comfortable, and the disabled bathroom. Both options made him uncomfortable.

> In sixth you get, it's a bit like prefect bathroom, you get sixth-year toilets, so it's only sixth year that are meant to use them. And obviously all the girls that I've grown up with for like the last six years, some of the guys were particularly funny, like they didn't let me use the boys' toilets, so I was like I'm not gonna cause other people to feel uncomfortable.

At first John used the girls' restrooms, after all he had grown up with most of them and knew them well. As he became older and younger females entered, he stated that he began to feel uncomfortable because they saw John as a boy and they were a little thrown off that he was in the girls' bathroom. John described the awkward situation:

> The girls didn't mind that I used their facilities. But it was a bit awkward if younger years came in. They'd come to the sixth-year toilets and be like 'Why is there a guy in here?' and I was like 'Oh sorry, I just need to pee.' It was a tough time.

John also reported an issue with the place for him to change his clothes for PE. The girls felt uncomfortable, the school would not allow John to change with the boys because of their perceived discomfort, and John expressed that he felt uncomfortable. He was offered another solution.

> They didn't let me use male changing rooms. The school wouldn't allow me use male toilets, and PE department wouldn't let me use male changing rooms in case it made other kids uncomfortable … I was advised that I use the disabled ones instead. I was like, "I'm not disabled." I was told that if I feel uncomfortable using female ones, or I was making other females uncomfortable, I should use the disabled ones, which wasn't really a solution for me. I did it anyway for a few months.

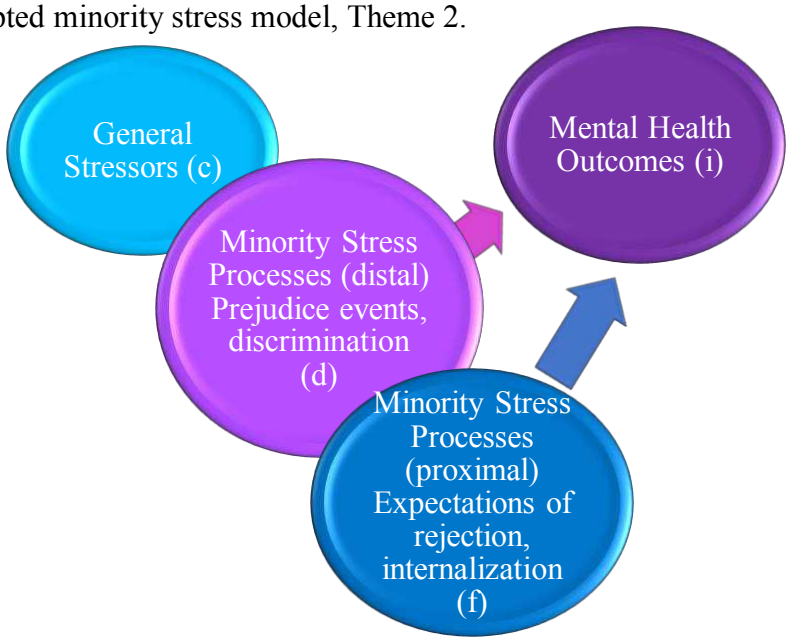
John stopped using the disabled changing room for PE after the incident in which he was asked to attend the all-female school assembly for the police recruitment drive. In a conversation with his doctor, he described that the anxiety over using the disabled changing rooms made him panic when he thought about going to PE.

Bullying. Throughout John's primary and secondary schooling experiences, he recalled many instances of being picked on for wearing boys' clothing or dressing up as Harry Potter for Halloween, or even when it was not Halloween. When John was four years old, his family remembered him wanting to be addressed by the name Phillip, but they never really thought anything of it or his fashion choices. He liked his hair short wore what was comfortable and that was okay as long as he was happy, but kids were cruel and made fun of him for it.

As John entered secondary school, he stated that no one ever assaulted him physically, but that, on multiple occasions, he was "spat on," with an accompanied homophobic slur. He described his peer's behavior as, "hateful behavior towards us. It was never really physical violence, but they're really kind of abusive."

The perceived experiences in the school environment had a significant impact on John's social emotional health. In relation to the minority stress model, this is indicative minority stress, depicted in circle c of Figure 7, such as prejudice events and discrimination. In addition, the incidences in the school environment were likely to increase John's experience of rejection (f) which can lead to negative mental health outcomes such as anxiety (i). A modification of Meyer's (2003) minority stress model is depicted below to illustrate the traumatic event and how it impacted John's social emotional health. Figure 8 shows the modified model to fit John's perception of the event.

Figure 8. Adapted minority stress model, Theme 2.



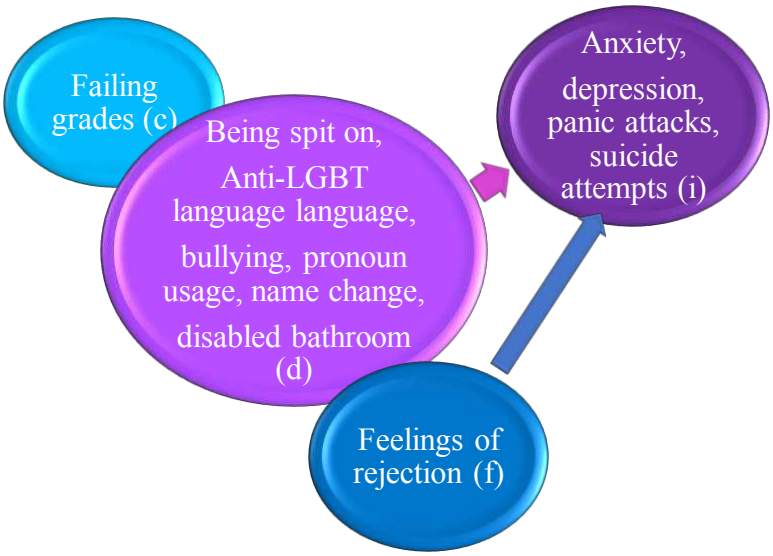


Figure 9. Adapted minority stress model, Theme 2, with John's information.

Figure 10 illustrates categories specific to distal stressors John experienced as a transgender individual, according to Testa et al.'s (2015) model. Although the model

includes most items uncovered in Theme 2, it leaves the general stressors of failing grades.

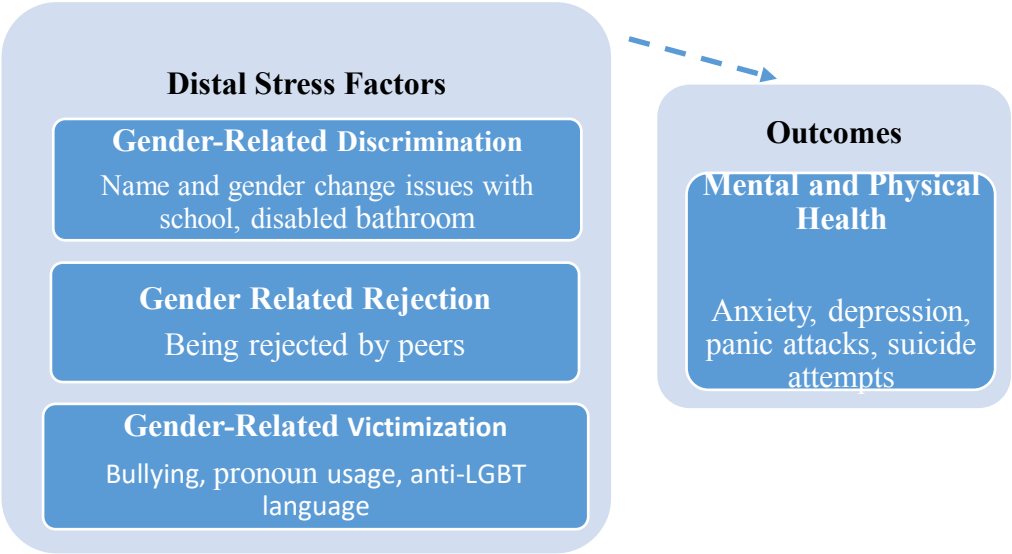


Figure 10. Adapted gender minority stress model, Theme 2, with John's information.

Theme 3: Support

This theme is discussed through the analysis of the semi structured interview and the analysis of artifacts. It is further divided into sections based on the participant's perceptions and experiences. For the purpose of this study, the definition of support is derived from the GLSEN School Climate Survey (Kosciw et al., 2016) and the minority stress model (Meyer, 2003, Meyer & Frost, 2013). A supportive environment includes school staff that are considered allies, a LGBTQ club or GSA, mental health services, family support and validation. Consequently, the participant's mental health began to improve.

Interview and Artifact Analysis

There were three turn around points for John within the school environment that helped him cope within the school system. First was the development of a LGBT group on campus in his third year of secondary school, which, by his last year, had 22 members. John's perception was that it was not an easy group to start, as he felt it met resistance with the administration and staff, but with some forceful advocating from his mother and a few supportive staff members, John started the inaugural group. He described the initial set up as a "hassle," but staff became a "little bit more receptive because it would make the school look good." At the time of the interview, John discussed the school's interest in becoming a National LGBT Charter School. He explained the process because he thought it was something the school should really do, and he investigated it during his tenure.

> They'll come in (LGBT Scotland) so you have to have an x amount of teachers trained at LGBT issues. You have to have so much information available on LGBT issues within your school and you have to be able to provide support for LGBT people. So you have to be like visibly LGBT friendly. We're still hoping that the LGBT group will pick up a few more members.

At the time of the interview, John thought there were only about "two in Scotland." Upon further investigation of the National LGBT Charter, there were actually only two granted charters to secondary schools in Scotland in 2016, and two granted to universities (LGBT Youth Scotland, 2018). In subsequent years, ten more high school were added to the list in 2017 and 2018 respectively. Nine colleges have also added a charter since 2016. As of 2018, John's school is not on the National LGBT Charter list of Scotland.

Overall, the LGBT group in John's school gave him a place to go, meet other LGBT students, make friends, and identify with students who were experiencing some of the same struggles he was experiencing. The club gave him an opportunity to be a leader, which he took great pride in, for which he was nominated for the county's Young Person of the Year award during his last year of secondary school. He spoke of it fondly, "I was actually nominated for a regional award because of the volunteer hours that I was doing with the LGBT group. I was really honored to be nominated for it." He was also awarded a "colours tie" – meaning you represented your school at a regional level, which is usually reserved for the top athletes at the school. John refused the honor, stating he felt the system was "reserved for elitists."

Without the support of two crucial teachers, the LGBT group would not have had advisors and the LGBTQ students may not have had adult allies within the school. John expressed that the support of trusted adults served as a lifeline within the school. On several occasions, these teachers offered a listening ear and, more importantly, a safe space for John when he was in crisis. It was one of these teachers who fought with the administration for a space for the LGBT group to meet, and his leadership that encouraged other staff members to come to the meetings. Although there were very few staff that came, there were some, notably two perceived closeted lesbian female teachers. John's perception of his two favorite teachers was that they both attended professional development on LGBT issues by choice because they cared about their students. He remarked,

> They would go on teacher training, they were going on LGBT courses, which is quite cool. Mr. Baker chose to do his in LGBT, and how to deal with them in the

> classroom. It was nice just to have that sort of adult support which we wouldn't get from anywhere else, which was quite helpful and a lot of kids felt a lot better about. There is not a great atmosphere in my school for LGBT stuff.

After the mis-gendering incident at the all-female assembly and John's breakdown at school, the school administration referred John to Child and Adolescent Metal Health Services (CAMHS). The referral was crucial as it provided John with weekly visits to a psychologist outside of the school, which eventually led to seeing a psychologist specifically for gender counseling. The outside support also allowed John to discuss his anxiety, depression, and gender dysphoria with a trained professional. The mental health care provider was able to adjust his anti-depressant prescription and begin the path to a gender transition.

The other crucial support system John had in place were his friends and family. He stated,

> There've been several points with what was going on at school, but I always had my family, but lots of teenagers don't have that. Like they don't have that sort of support at home or their friends. Like I probably wouldn't be here if it wasn't for the support that I had from my family and my friends because I sure wasn't getting any at school.

In the review of artifacts, countless family photos and posts from his parents demonstrated how proud they are of their son. Smiling faces at multiple LGBTQ pride events at various cities in Scotland, family vacations arm in arm. Posts from historic castles of all the boys together, smiles on each of their faces, everyone appears to be happy. On the day John had his breasts removed, his mother gave him a gift she had been

saving for years. He posted it on Facebook. “My Mum is better than your Mum, just sayin' (a gift she's been saving for just the right time).” John’s mother chose a framed poem written by Rudyard Kipling (1911), entitled *If*., which is depicted in Figure 11.

Figure 11. Facebook Post *If*

John also gave credit to a group of friends with whom he grew up, and those he met in LGBT groups. In many of his Facebook posts, John is depicted with his friends around the city, in coffee shops, and at various LGBTQ events. His reported that his core group stayed consistent and unwavering regardless of his gender identity through high

school. His group of friends even group attended the high school prom together and supported John in his choice of tuxedo.

John's new friends, those he has met while coming to terms with his gender identity are now woven in to his life. The friends attended LGBT pride events together, and supported each other with likes on Facebook posts regarding sexual orientation or gender identity. They offer a different kind of support in their reply to posts; the type that shares an understanding of having fought the same or similar battles.

Support systems are a critical to positive mental health outcomes (Meyer & Northridge, 2007). In the minority stress model (Meyer, 2003; Meyer & Frost, 2013), John had access to a safe community, his LGBT group within his school, as well as an LGBT group outside of the school. As depicted in Figure 12, this directly impacted coping and social support (h). The psychological services, CAMHS, and gender counselor had a positive impact on John's mental health outcome (see Figure 12, Mental and Physical Health Outcomes). The supportive teachers and John's family provided valence (g), or self-validation of his minority identity, having a positive effect on his mental health. Figure 12 shows the modified model of supports. Figure 13 depicts the modified model with the insertion of details from John's account of the events.

Figure 14 illustrates the GMS model depicting resilience factors (Community Connectedness and Pride) of John being an LGBT group leader, peer acceptance, family support and validation from his family and school, which had positive mental health outcomes.

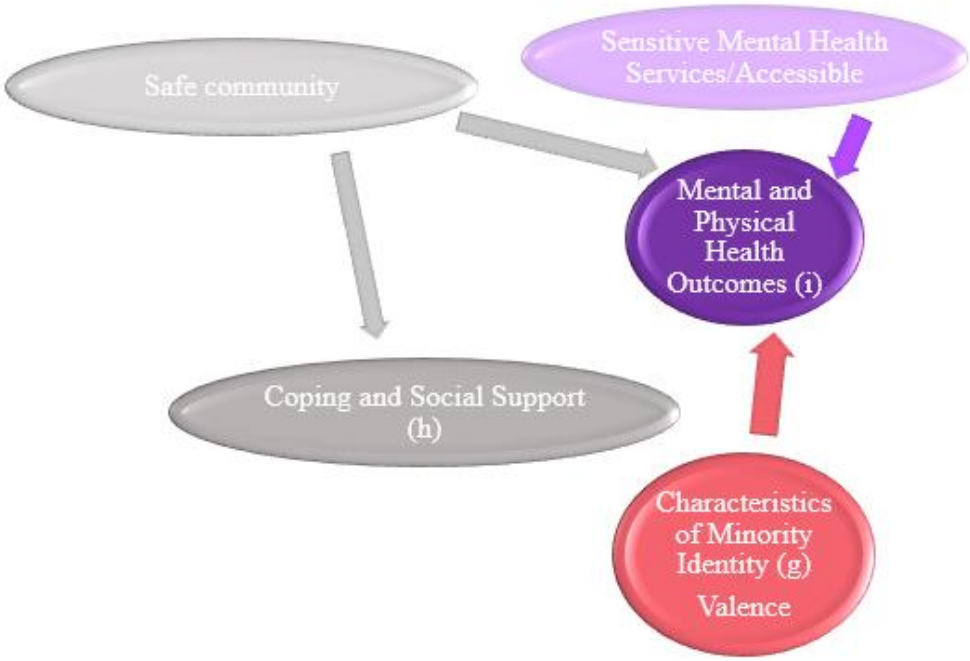


Figure 12. Adapted minority stress model, Theme 3.

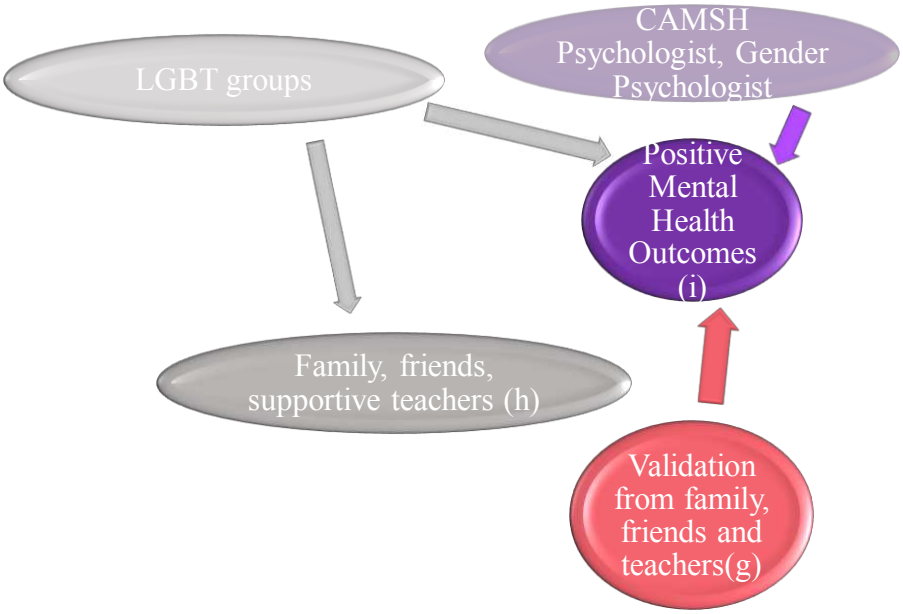


Figure 13. Adapted minority stress model, Theme 3, with John's information.

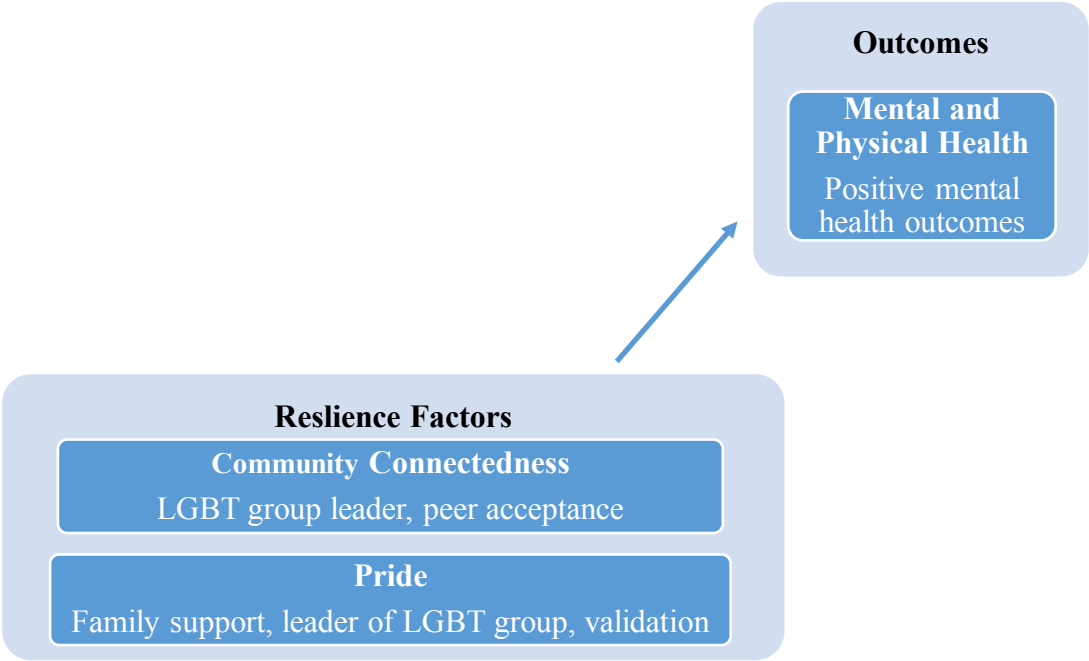


Figure 14. Adapted gender minority stress model, Theme 3, with John's information.

Theme 4: Rejection

This theme is discussed through the analysis of the semi structured interview and the analysis of artifacts. It is further divided into sections based on the participant's perceptions and experiences. For the purpose of this study, the definition of rejection is derived the minority stress model (Meyer, 2003, Meyer & Frost, 2013). Feelings of not belonging or rejection by a peer group can cause proximal stress for an individual within the minority stress model. Consequently, the participant's social emotional health suffered. In this case, the participant attempt suicide on two occasions. Systemically, the school system also contributed to the participant's minority stress by excluding him from the educational environment.

Interview and Artifact Analysis

One barrier for John at school was his feeling of not belonging, being excluded from his peer group, or not fitting in. In a drawing at the age of 14, John depicted himself with short hair, a goatee, a bare man's chest, with defined pectoral muscles and chest hair. What he saw in the mirror was a woman's body. He did his best to bind his breasts, and cut his hair short, but there was little he could do to disguise his voice. He was forced to wear a shirt to cover up his breasts. In his post-breast removal photos on social media, John stood tall, chest protruding outward.

In the interview, John shared that he engaged in self-harm activities by "repeatedly scratching himself with a safety pin in three sets" when he was already depressed and not coping well, as a result of feeling "unwanted/rejected by my friend group." He also in all seriousness discussed that one reason he ultimately decided against a third suicide attempt was that he did not "want to die with boobs."

One specific poem John wrote described his cutting practices and his feelings of being alone. "Deeper and deeper I cut, screaming in anguish every time you entered my thoughts…The days are all darker and I feel so alone."

John expressed that he felt entirely excluded from his school community. He did not eat lunch with his peer group, and he stopped going to gym because of the changing room issue and being mis-gendered. John said he felt unwelcome and uncomfortable virtually everywhere. The school's solution was to provide him a space to avoid the bullying, intimidation, and constant threats. The space was an empty classroom, which the school administration perhaps did not realize made him feel less connected, supported, and engaged in his school community. He stated:

> Instead of the issues being dealt with, I was offered places I could remove myself from the situation so I sat in unused classrooms or the library at breaks and lunchtimes. There was no effort to include me in my school community instead I had to fight the administration to allow me to start up and LGBT group in my sixth year to support younger students.

John mentioned that on one occasion, his peer group made an effort to include John.

> In my sixth year, the males in my year allowed me to join them for the guys' dances at the Extravaganza, a show put on at Christmastime. This was their only effort made to include me while accepting me as trans.

John shared that he felt deliberately excluded and made to feel uncomfortable, which impacted his achievement.

> People would be obviously muttering and pointing at me, usually in the toilets and changing rooms, and then there was the more obvious direct confrontation, "You shouldn't be in here." I was feeling so miserable in a place where I had to spend 5 days a week, it definitely impacted the attainment I made.

Feelings of belonging are a critical piece to positive mental health outcomes. In the minority stress model, this is indicative of minority stress processes (See e in Figure 15). The incidences in the school environment were likely to increase John's experience of rejection, which could lead to negative mental health outcomes (see circle i in Figure 15). A modification of Meyer's (2003) minority stress model is depicted below to illustrate the traumatic event, and how it impacted John's social emotional health. Figure 15 shows the modified model to fit John's perception of the event. Figure 16 depicts the

modified model with the insertion of details from John's account of the event. Figure 17 illustrates the distal stress factors such as the perceived pointing and muttering and rejection from his peer group. Proximal stress factors include his internalized transphobia based on the perceived muttering and pointing. Both distal and proximal stress factors have negative mental and physical health outcomes including self-harm, depression, panic attacks, and suicide attempts.

Figure 15. Adapted minority stress model, Theme 4.

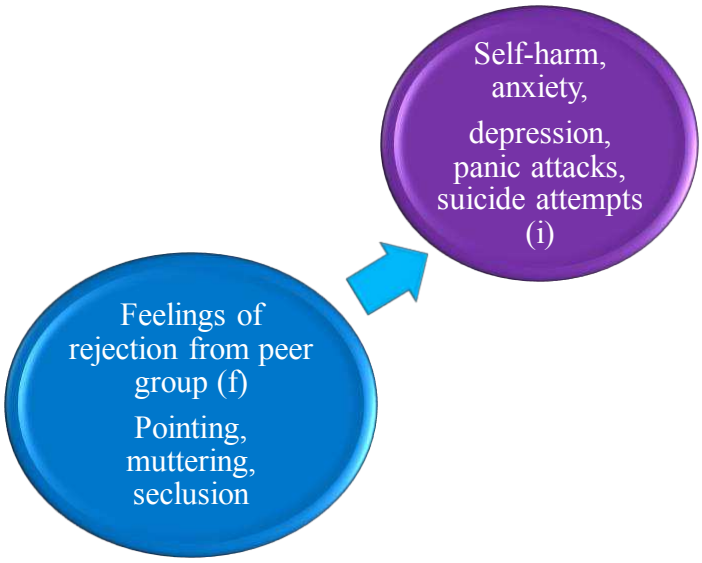


Figure 16. Adapted minority stress model, Theme 4, with John's information.

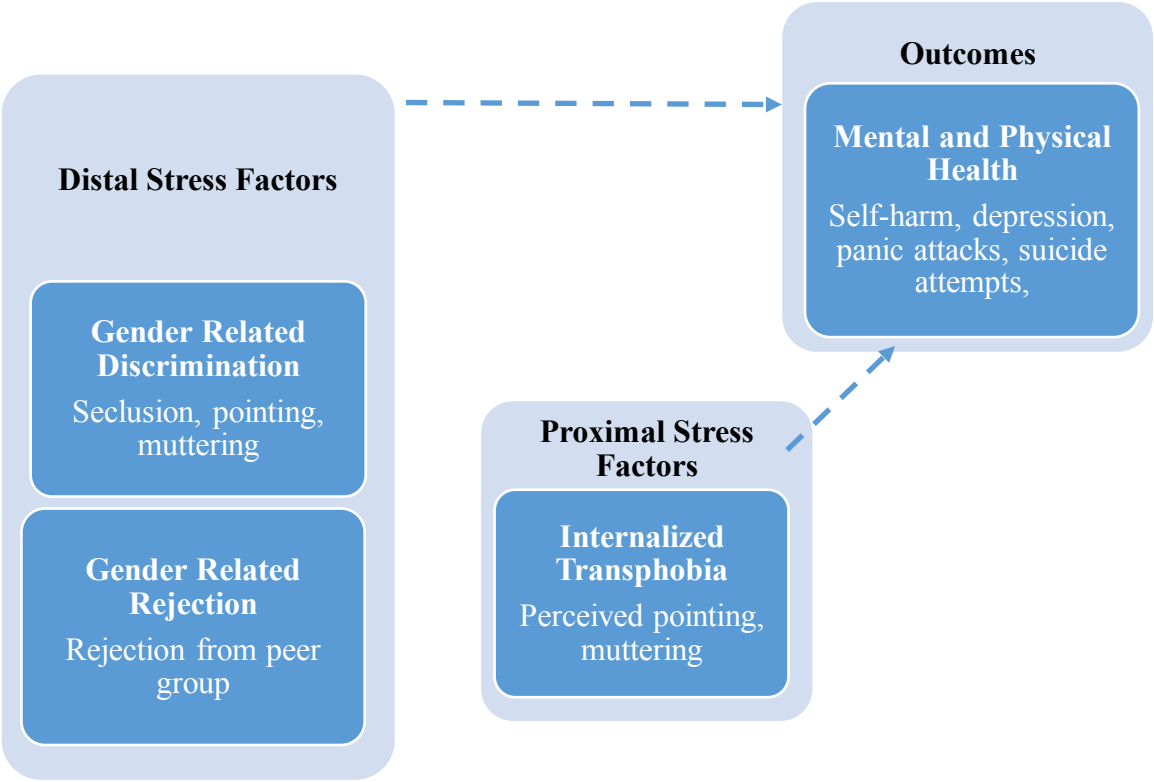


Figure 17. Adapted gender minority stress model, Theme 4, with John's information.

Chapter 5: Discussion

The purpose of this study was to gain an understanding of how minority stress (Meyer, 2003; Meyer & Frost, 2013) impacts the academics and social emotional health of Scottish transgender youth through a single descriptive case study. The researcher collected data by conducting a semi-structured interview with a transgender female-to-male individual, and a review of artifacts submitted by the participant. This chapter reviews, analyzes, and discusses the findings of this study. This chapter also outlines the implications of the findings for schools that may have transgender individuals struggling within the school environment. The chapter concludes with suggestions for further research.

Two fundamental research questions framed this research:

1. To what extent does a school system impact the minority stress of a transgender student?
2. How does minority stress impact the academics and social emotional health of a transgender student?

The research questions were addressed in themes that emerged from the interview data and artifact analysis, which were presented in Chapter 4. As described in the results section of this study, all themes were placed into the minority stress model under the major categories of proximal stress, distal stress, general stressors, mental health outcomes and resiliency factors to fully describe how the school system and minority stress impacted the academics and social emotional health of a transgender student (Meyer, 2003; Meyer & Frost, 2013).

Theme 1: Academic Decline

The participant's grades began to decline, with a few exceptions, as he began to transition from female to male. Increased anxiety, depression, self-harm, and suicide attempts made it difficult for him to concentrate on academics. Consistent with the current research, the reported average GPA for victimized students was lower, 2.9 vs. 3.3 (Kosciw et al., 2016). The G.P.A was not tabulated on John's obtained transcript; however, if concurrent with American standards, the participant's graduating G.P.A would have been a 2.3. Prior to coming out as a transgender individual, his G.P.A was a 2.9, which is a decline of .6.

Specific subjects, such as physical education, induced extreme anxiety due to changing room concerns and a specific mis-gendering incident resulting in a doctor excusing the participant from PE for the remainder of the school year.

Although the participant did not drop out of high school, he did face significant bullying, discrimination, and unsupportive policies that impacted his academic success. Palmer, Greytak and Kosciw (2016) suggested that unsupportive school policies, peers, educators, harassment, discrimination, and bullying were factors in an LGBTQ individual's decision regarding completing high school.

Within Meyer's (2003; Meyer & Frost, 2013) minority stress model, the participant experienced environmental stressors, such as biased language in the corridors of the school in addition to general stressors such as failing grades and skipping class. As an individual with minority status, the participant was able to claim his minority identity as a female-to-male transgender student during his tenure in high school. The circumstances in the environment compounded with the general stressors affiliated with the participant's minority identity led to negative mental health outcomes such as

depression, panic attacks, anxiety, and a suicide attempt. It is clear that based on the data analysis that minority stress impacted the participant's academic standing in a negative way.

The gender minority stress model adds additional proximal and distal stressors unique to transgender individuals because they are gender-related. Distal stress factors include mistreatment by school staff and being asked to attend an all-female assembly. Proximal stress factors include the participant's anxiety about future problems in the changing room. Both proximal and distal stressors had negative mental and physical health outcomes such as: depression, anxiety, panic attacks and suicide attempt.

Theme 2: Negative School Environment

The school system and lack of institutional support negatively impacted the participant's social emotional health from several standpoints. First, the school lacked a clear policy regarding homophobic, biphobic, or transphobic language. Students were not given consequences as a result of using words such as *fag*, *homo*, or *dyke*. This may be a result of teachers not having the proper training to address the language or LGBTQ issues. As far as the participant knew, only two teachers in his school elected to take courses in LGBTQ issues in the classroom and they were both very supportive allies. As a result of the lack of training, teachers and staff did not intervene when the abusive language was used toward the participant or other LGBTQ students.

Kosciw et al. (2016) reported that anti-LGBT language is problematic in schools. In the U.S, 93.7% of students reported hearing the word *gay* from their peers used in a negative way that caused them discomfort. Over 58% of students surveyed reported hearing words like *faggot* or *dyke* frequently in their schools (Kosciw et al., 2016). More

disturbingly, 58.2% of the students heard homophobic remarks from their teachers or other school staff.

As indicated by this study, and the literature review (Bradlow et al., 2017; Cianciotto & Cahill, 2012; Kosciw et al., 2016), supportive staff are an important factor in helping students feel safe at school. However, it is important for teachers and staff to be trained properly. Many teachers and counselors fail in serving LGBT youth due to a lack of training (Cianciotto & Cahill, 2012). Professional development is thus an essential tool for creating a school atmosphere free of anti-LGBT harassment and discrimination.

Within Meyer's (2003; Meyer & Frost, 2013) minority stress model, the participant experienced several sources of support from his LGBT group, family, friends, teachers, and mental health services. The supportive sources provided the participant with valence, or self-validation of his minority identity leading to positive mental and physical health outcomes.

The gender minority stress model adds additional proximal and distal stressors unique to transgender individuals because they are gender-related. Distal stress factors include mistreatment by school staff and being asked to attend an all-female assembly. Proximal stress factors include the participant's anxiety about future problems in the changing room. Negative physical and mental health outcomes such as depression, anxiety, panic attacks and suicide attempts were a result of both proximal and distal stressors.

Theme 3: Support

The support systems provided by the participant's family, friends, counseling services, psychiatric services, supportive teachers, and LGBT club provided John with a

support when he needed it the most. After two suicide attempts, self-harming episodes, a panic attack, and a self-described mental break down at school, John was able to receive access to the mental health services desperately needed.

When the participant spoke of the LGBT club he helped to start with a little assistance from his mother, he was proud of his work and the connections he had made with other LGBT students. He was hopeful for that he left a legacy for them, that they could start somewhere, with individuals they could see themselves in, bond with and not be alone. Meyer (2015) and this study confirmed, GSA groups can provide students with safe spaces and leadership opportunities within their school (Kosciw et al., 2016). Palmer, Kosciw and Bartkiewicz (2012) reported that students were less likely to feel unsafe and heard fewer homophobic remarks at in schools with GSA's. Meyer (2015) also reported that "social support can buffer the effects of stressors, so that negative health outcomes can be avoided or reduced" (p. 50).

Within Meyer's (2003; Meyer & Frost, 2013) minority stress model, the participant experienced proximal stressors such as internalized rejection from his peer group. The proximal stress factors had a negative impact on the participant's mental and physical health outcomes such as: self-harm, anxiety, depression, panic attacks, and suicide attempts.

The gender minority stress model adds resiliency factors unique to transgender individuals, which are classified in support categories in the minority stress model. Resiliency factors include community connectedness and pride such as being a member and leader of the LGBT group, peer acceptance, and the validation the participant

received from his family and friends. Both resiliency factors had positive mental and physical health outcomes for the participant within the minority stress model.

Theme 4: Rejection

The social emotional health of the participant was negatively impacted by feelings of rejection, and not fitting in. These feelings were further exacerbated by staff offering alternative spaces away from his peers to eat lunch, change his clothes, or use the restroom. One specific example, which overlaps with another theme, is when the participant's PE teacher sent him away from his all boys PE class to join the all girl's assembly. Not being able to stay with his current peer group of boys, and deliberately mis-gendering him and excluding him from his daily activities, had an ongoing negative mental health outcome for John, ultimately resulting in the dropping of PE altogether.

Another example of exclusion is John being forced to use the restroom for disabled individuals because of the perceived discomfort for the biologically born male and female students. After using the disable restroom for a few months, John came to the realization, "I'm not disabled." He stopped using them and began changing in the female facilities because they "didn't mind" but stated that it "felt awkward if younger years came in."

The participant also described a suicide attempt after feeling unwanted and rejected by his peer group which "exacerbated my depression and anxiety." Unfortunately, self-harm and suicide attempts are quite common within the LGBTQ community. Bradlow et al. (2017) found that nine out of ten (92%) of transgender students in the U.K had thought about taking their own life. The researchers also

determined that 45% of transgender individuals have attempted suicide at least once. The participant of this study has made two attempts on his life.

Exclusionary practices and feelings of rejection were confirmed in this study, and supported in the literature review. Seventy percent of transgender students reported avoiding using the restroom at school, which could lead to a loss of focus in the classroom or severe health problems (GLSEN, 2017). When a transgender student is forced to use the restroom that does not match their gender identity, humiliation, stress and health problems can ensue (Herman, 2013).

Within Meyer's (2003; Meyer & Frost, 2013) minority stress model, the participant experienced the proximal stressors of feelings of rejection from his peer group and exclusion from the school community. The proximal had a negative impact on the participant's mental and physical health outcomes such as self-harm, anxiety, depression, panic attacks, and suicide attempts.

The gender minority stress model adds additional proximal and distal stressors unique to transgender individuals because they are gender-related. Distal stress factors seclusion from the school community, pointing, muttering, and rejection from the participant's peer group. Proximal stress factors include internalized transphobia. Both proximal and distal stressors had negative mental and physical health outcomes such as self-harm, depression, anxiety, panic attacks and suicide attempt.

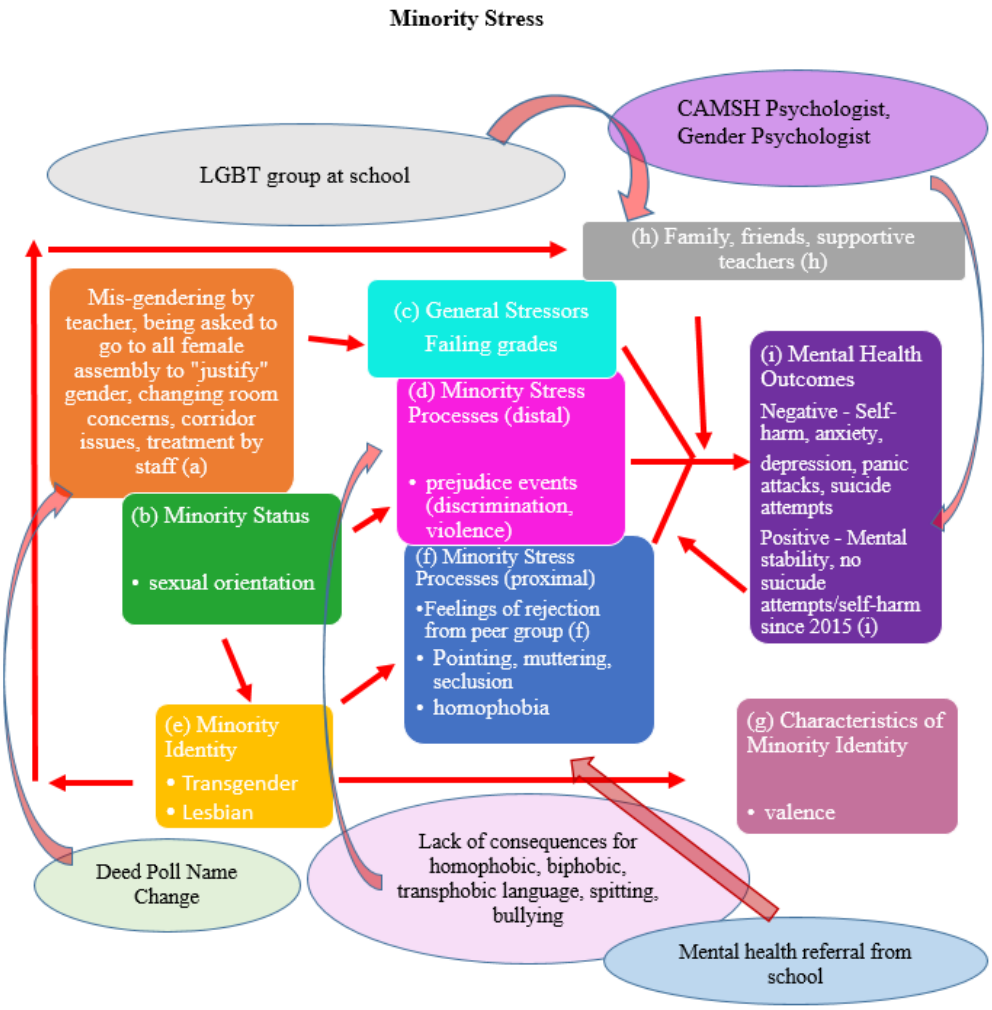


Figure 18. Adapted minority stress model to include participant's information.

Figure 18 depicts an adapted version of Meyer's (2003; Meyer & Frost, 2013) minority stress model featuring all of the participant's information. It is important to note that the participant never mentioned his sexual orientation other than at one time identifying as a lesbian. However, as a transgender man, he did not state his sexual orientation; it thus did not impact the model. Another area that did not influence the

model was prominence and integration (g), as the participant made no reference to either characteristic within the study.

Confirmed by this study and supported by the literature (Meyer, 2003; Meyer & Frost, 2013), the minority stress that the participant underwent was (a) unique to a stigmatized individual who experienced general stressors and was required to adapt his efforts above those who were not stigmatized to minimize the stressors; (b) was chronically related to underlying cultural and social structures; and (c) socially based from processes, institutions (the school), and structures beyond the individual as opposed to events or conditions that indicate general stressors or nonsocial depictions of the person(s) or groups (Meyer, 2003; Meyer & Frost, 2013).

In this study, the acceptance of family and friends had a positive mental impact on the participant, which is consistent with the literature (Hershberger & D'Augelli, 1995). In addition, the LGBT group the participant started gave him a strong sense of community cohesiveness to evaluate himself in comparison with others (Meyer & Frost 2013).

Also confirmed by this study and supported by literature is that specific stressors, as well as resilience factors unique to transgender or gender nonconforming individuals, directly impact social emotional health outcomes. Figure 19 illustrates the GMS model with the participant's information.

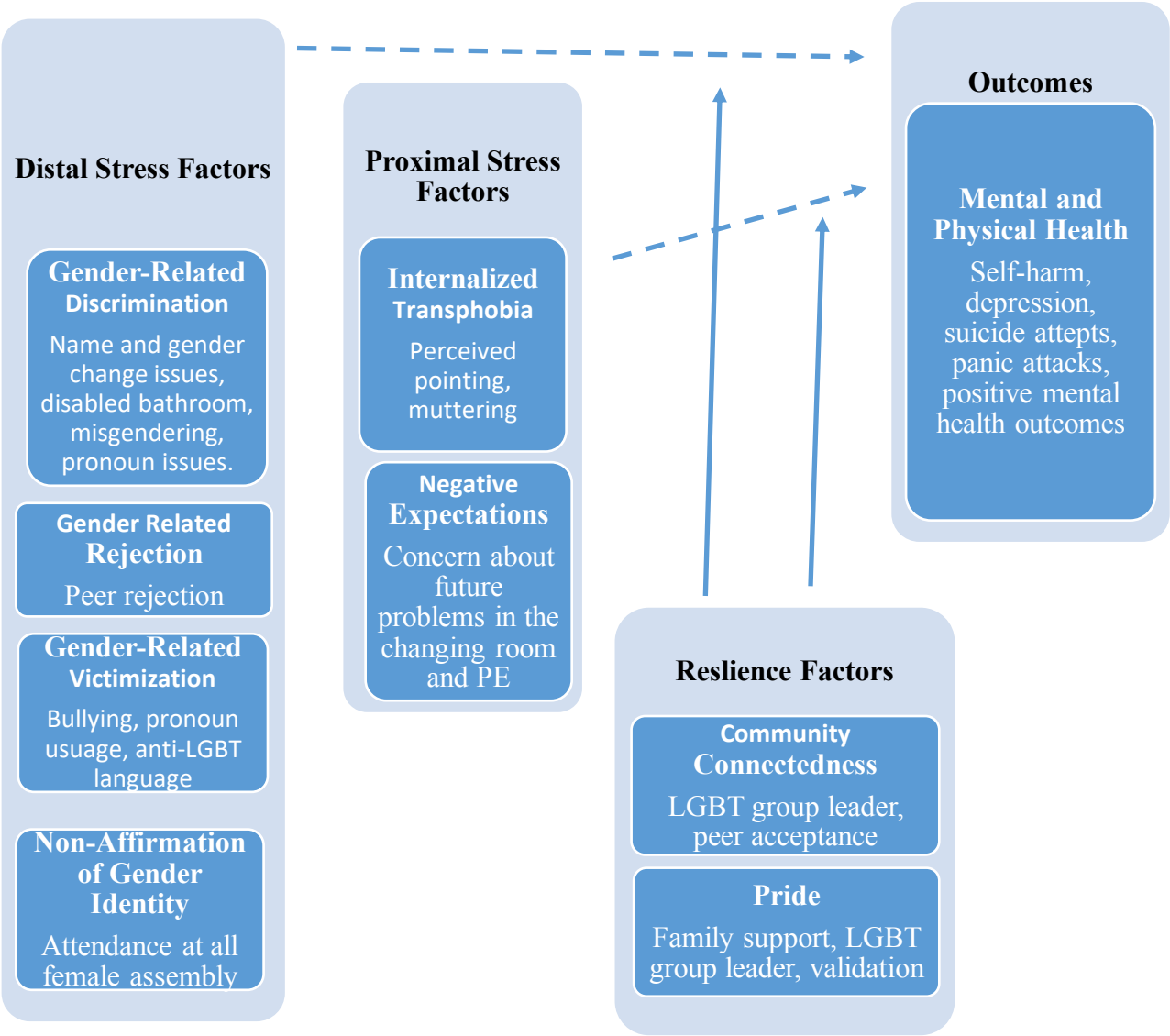


Figure 19. Adaptation of Testa's gender minority stress model with the participant's information.

Implications

Transgender and gender nonconforming students experience anxiety, depression, self-harm, and attempt to commit suicide at higher rates than their LGB peers and double that of their cisgender peers (Bradlow et al., 2017). Distal stressors from the environment such as discrimination, bullying, harassment, anti-LGBT language negatively impact an LGBTQ individual's mental health outcome (Meyer, 2003; Meyer & Frost, 2013).

Unique to a transgender student, and expressed in Testa et al.'s (2015) gender minority stress model, are specific distal stressors that only transgender individuals experience such as improper pronoun usage based on their gender identity, or gender-related discrimination relating to being forced to use an alternative restroom. Proximal stressors such as feelings of rejection from a peer group can contribute to negative mental health outcomes (Meyer 2003; Meyer & Frost, 2013). Testa et al. (2015) found that, exclusive to TGNC individuals, proximal stressors such as internalized transphobia and negative expectations about future events can also negatively affect mental health outcomes.

Lesbian, gay, bisexual, transgender, and queer students also experience a decline in academic performance as a result of their social emotional health. Students noted that unsupportive school policies, peers, educators, harassment, discrimination, and bullying were factors in their decision about completing high school (Kosciw et al., 2016; Palmer, Greytak & Kosciw, 2016).

While educators cannot determine which students are members of the LGBT community unless they are openly out, they play an essential role in supporting students since these issues can interfere with a student's ability to navigate through their school day. Because educators spend a considerable amount of time with students, they are well placed to provide LGBTQ-inclusive lessons that support rich dialogue and important classroom discussions. Educators could help ensure the emotional safety of students by disallowing anti-LGBTQ remarks in the classroom and hallways. In addition to stopping anti-LGBTQ language, school staff must also guarantee the physical safety of all students.

As indicated in this study and previous research, staff need training on LGBTQ issues to provide support and safety (Sadowski, 2016). School districts must prioritize providing resources to students and families to this vulnerable, underserved, at-risk population. Teachers have competing priorities and cannot be expected to add an additional curriculum. However, teachers can be provided with integrated lessons plans and resources by district teaching and learning departments to fold into existing curriculum. It is also crucial for staff to be trained on how to address a student discriminating against or assaulting an LGBTQ student, which will foster positive relationships and safe spaces for all students. In addition, specific LGBTQ coursework for pre-service teachers would provide a strong foundation of diversity and solid preparation in addressing the social emotional health of many learners.

Limitations and Delimitations

As with any study, there are limitations and delimitations to this qualitative study. These are summarized below.

This study focused on one participant and his perspective in a small secondary school with approximately 125 students in a rural community in the United Kingdom. An additional limitation to the study proved to be the data collection process, since the artifacts and information available were dependent upon the participant and what he was willing to share based on his own lived experiences and perspectives. The only perspective shared was his and did not include the administrators or teachers involved. However, the accuracy of emerging themes from this study were verified through data triangulation.

The questions developed for the participant were closed-ended and developed early in the researcher's preparation program without the intent to use the data for a dissertation; however, the participant gave lengthy, complete responses despite having open-ended questions available, allowing the data to be used for research purposes.

There are delimitations, that is, how the study was narrowed in scope (Creswell, 2013). The scope of the study was limited to the perspective on school experiences of a single transgender student, and the results may not apply to similar contexts. It is important to remember that small schools in rural towns may vary greatly from larger schools in the inner city. For this reason, speculation that this study's results would be similar to another student's experience within a different school should be discouraged.

Recommendations for Future Research

Data from this study indicates that a school system impacted the social emotional health and academics of a transgender student in the U.K. using the minority stress model and the gender minority stress model to understand the data (Meyer; 2003, 2013; Testa et al., 2015) secondarily.

Future research efforts should also be made to either delineate the minority stress model and the gender minority stress model or meld them together for transgender and gender nonconforming individuals (Meyer, 2003; Meyer & Frost, 2013; Testa et al., 2015). As this research field continues to emerge, researchers should take into consideration the impacts school systems have on TGNC students within the respective models, as a large portion of the current research relates to adults ages 20 and over.

School staff training on TGNC issues is an area of need based on the literature review and this study (Sadowski, 2016). The level of comfort of school staff addressing

TGNC curriculum, anti- TGNC language, harassment, discrimination is an area that needs to be explored. Researchers could also spend time exploring whether pre-service teaching programs are preparing new to the profession teachers for specific TGNC issues.

A final research consideration should be made for school districts, supports, policies, and procedures related to TGNC students and their impacts on social emotional health and academics. Few studies currently exist representing school-age TGNC students and supportive school policies and procedures. As an emerging field, more research will need to be conducted as school districts, states and the federal government update policies for TGNC individuals.

Follow-up

Twenty-three months after the initial interview, the researcher followed up with the participant to ascertain his progress post-secondary school. John has successfully completed one year of university in Scotland and will be transferring to a more preferable university in the fall of 2018 as a result of his good academic standing. He reported that his university experience was “more positive than high school” and that he has been “actively planning for the future.” John also said that he felt “very guarded around people,” but he states he is “getting better at socializing.” Upon reflection of his high school experience, John stated that he felt, “it completely jaded me as a person. I don’t think I’ll ever be as positive or optimistic as I was pre-high school.”

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